

**SUNY Upstate Medical University  
Transfer Credit Appeal Form**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First, Middle, Last)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Program of Study (Major): \_\_\_\_\_

I am appealing transfer credit for:

Prerequisite requirement                       A Program of Study course

College Transferring From: \_\_\_\_\_

Course Wanting to Transfer (one course per form): \_\_\_\_\_

Prerequisite or Program of Study Course Wanting Credit For: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Along with this cover sheet, the following information is required:

- a letter outlining the reasons for the appeal
- a course description from the catalog from the year the course was taken
- any additional transfer course materials available

A letter will be sent to you confirming receipt of your appeal. The campus has 15 business days in which to respond to your appeal. Please indicate below how you would like to receive correspondences.

Postal Mail                       E-mail

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

All information should be sent to the following:

SUNY Upstate Medical University  
Admissions Office  
1213 Weiskotten Hall  
766 Irving Avenue  
Syracuse, NY 13210  
Fax (315) 464-8867

**Office Use Only:**

Received: \_\_\_\_\_ by: \_\_\_\_\_

Committee Decision: \_\_\_\_\_