

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

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

Office Use Only:

Received: _____ by: _____

Committee Decision: _____