CITY UNIVERSITY OF NEW YORK

University Transfer Credit Appeals Form

Student Name:		Date:
Student ID #:	Phone #	
Email:		
Student is transferring from: CU	UNY College (name)	
No	ON-CUNY College (name)	
Submission date of campus appe	eals process:	
_	ho have met with their advisor, rempleted the local campus appeals	
Name of college where the	he course or courses were transfe	erred from:
• Course(s) to be Evaluate	ed:	
• •	r Pathways area requested for this or Credit, Elective, etc.):	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
Intended Major/Minor at	t college to which you are transfer	rring:
	omit: ng the reasons for your appeal (lir and catalog course description of	
All information should be submivia email]	itted to: academicaffairs@cuny.e	edu [upload documents as attachments
has been received. You should e business days. If you do not received.	usiness days confirmation via emexpect to receive an email in respective either the confirmation or the sfer Coordinator at your college.	onse to your petition within 10
CUNY OAA Decision: Granted	d: Denied: Request add	ditional information: