

Records & Registration

Transfer Credit Evaluation Appeal Form

If you have received an Official Transfer Credit Evaluation from Rockland Community College that you do not agree with please complete this form, write a statement of appeal and return them with supporting documentation (course description and syllabus) to the Records/Registration office during normal business hours. Please allow 10 to 15 business days to receive your response.

If you still disagree with this response, please email the evaluator directly at aabraham@sunyrockland.edu Please title your email “**Transfer Credit Appeal**” and provide your name, student id and a brief comment. Your second appeal will be reviewed by the Registrar and, if necessary, by one or more of the following: the Associate Vice President of Enrollment Management or the appropriate Department Chair and/or Division Chair. You will receive a written response no later than 10 to 15 business days after receipt of your second written appeal.

Name: _____	
(First Name)	(Last Name)
Address: _____	
Home Phone #: _____	Cell Phone #: _____
Student ID # _____	Email Address: _____

Please attach an additional sheet(s) if there is not enough room provided on this form.

Previous College Information:	Rockland Community College Information
College	Course Number & Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*A Statement of Appeal is **required**. The appeal must clearly explain the reason you feel that the transfer credit evaluation was incorrect or incomplete and should be supported with a course syllabus and/or detailed course description.

Student Signature: _____ **Date:** _____