TRANSFER CREDIT APPEAL FORM

80 Vandenburgh Ave, Troy, NY 12180 ■ www.hvcc.edu

This form may be used to appeal a decision made by the College regarding transfer credit. Please complete the form and submit it to the Registrar's Office.

Name _____
Last First Middle

ID Number H00_____ **Program** _____

Institution where course was taken: **Course(s) in question:**

_____ _____

Please explain the reason for your appeal and offer your thoughts on how you would like the credit transferred.

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Signature _____ **Date** _____

Office use only

☐ Approved ☐ Denied

Date Received_____ Date Reviewed_____

Initials_____ Initials_____