



Transfer Credit Evaluation Appeal

To be used when results of a transcript evaluation are challenged/questioned and a re-evaluation is requested.

Instructions for student:

1. Complete Parts A and B and assemble documentation for Part C
2. Meet with your counselor/Program Manager to complete Parts D and E
3. Submit your appeal: by mail to TCE Appeals Committee, Office of the Registrar, P.O. Box 5966, Cleveland OH 44101

Note: You will be notified of the outcome of your appeal by an e-mail to your official Tri-C e-mail address. Please ensure that **all** contact details are correct.

Part A: Student Information

| | |
|-----------------|----------------------------------|
| Name: | Tri-C ID: |
| Address: | Tri-C Email/Daytime Phone |

Part B: Courses being Appealed (Use separate sheet if necessary)

| | Course Code | Course Title | College/University Transferred from |
|----|-------------|--------------|-------------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Part C: Supporting Documentation (Must be supplied by the Student)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ Typed statement from student detailing basis for the petition (required) |
| _____ Copies of course descriptions from college/university catalog where course was originally taken and a class syllabus must be submitted. All information provided from the internet must also include the URL (required) |
| _____ Letter of support from Tri-C department or college (optional) |

Part D: Counselor/Program Manager Signature

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|-----------------------------------------------------------------------------------------------------------|-------------|
| The student has met with a counselor to discuss the appeal process. (Only one signature required.) | |
| Counselor/Program Manager Signature _____ | Date: _____ |
| Counselor/Program Manager Print Name _____ | |

Part E: Student Signature

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|-----------------------------------------------------------------------------------------------------------|-------------|
| With my signature, I hereby authorize the TCE Appeals Committee to review any pertinent academic records. | |
| Student signature _____ | Date: _____ |

| | |
|----------------------------------------------|-------------------------|
| Office Use Only: Date Received: _____ | Signature: _____ |
|----------------------------------------------|-------------------------|