



TRANSFER CREDIT APPEAL FORM

Student Name: _____ Today's Date: _____
Student ID / J Number: _____ Degree Program: _____

If you believe a course was not properly evaluated for transfer credit to Jefferson Community College, please complete this form and submit it to **Advising, Career, and Transfer Services** located in **Enrollment Services** (Room 6-010) or act@sunyjefferson.edu.

Name of Institution(s): _____

Course(s) requesting re-evaluation (Include the institution name, course subject and number, and full title. Attach a copy of the course syllabus for each course a review is requested for): _____

What is your reason for requesting a re-evaluation of the transfer course(s)? _____

Office Use Only

Received by (initials): _____ Date Received: _____

Outcome of Re-Evaluation: _____

Equivalency Updated Permanently in Banner? **Yes** ☐ **No** ☐

Justification: _____

Reviewed by: _____ Signature: _____

Advising, Career, and Transfer Services

11/2025