Fredonia Transfer Credit Appeal Process

This appeal process can be used when a student wishes to contest the way his or her transfer course was evaluated (that is, whether the course was equated to a specific Fredonia course or applied to a particular degree requirement). The appeal must be made during the student’s first semester of enrollment at Fredonia.

1. The student contacts a transfer counselor in the Registrar’s Office regarding the course in question. The counselor will determine if a revision can be made immediately or will explain the appeal process.

2. If a formal appeal is requested, the student will complete the Transfer Credit Appeal Form below, and submit it to the appropriate department chairperson/program director for review. The associate provost will review questions regarding the CCC. The appeal must be accompanied by a course description and syllabus from the previous school.

3. The appeal will be reviewed, and a decision made, within five working days* of receipt of the form. The department chair/director/associate provost will e-mail the decision to the student. If the appeal is approved, the form will be returned to the Registrar’s Office.

4. If the appeal is not approved, the student will have five working days* to pick up the appeal form from the department and submit it to the appropriate office for the final review: The Dean will review credit or equivalency appeals.

5. The Dean will make a final decision within five working days* of receipt of the form. He/She will e-mail the decision to the student. The form will be returned to the Registrar’s Office.

Students transferring from SUNY schools, who are not satisfied with the Fredonia decision, can appeal to the SUNY Provost. The appeal form and instructions are available at: http://system.suny.edu/academic-affairs/student-mobility/student-transfer-appeal-process/

*Please note: Working days are defined as days when university classes are in session during the Fall and Spring semesters, excluding weekends.
Fredonia Transfer Credit Appeal Form

Please attach a copy of the catalog course description and a syllabus for the course.

Name: ___________________________ Fredonia ID: ___________________________

Local Address: __________________ Local Phone: ___________________________

Email: __________________________

Subject, Course No. and Title of Course being reviewed: __________________________

Course completed at (name of college): _________________________________________

Requesting equivalency for:

_______ Fredonia course (Subject, Course No., Title) _____________________________

_______ CCC category: _______________________________________________________

_______ Elective credit

Please provide a brief reason for your appeal:

__________________________________________________________________________

Signature _________________________________________ Date _______________________

Departmental/Associate Provost for CCC Review

Date received __________________________

_______ Appeal Approved (Notify the student via email and forward the form to the Registrar’s Office.)

_______ Appeal Denied (Notify student via email. Retain the form for 5 days. If the form is not picked up in 5 working days, forward to the Registrar’s Office.)

Rationale for decision:

Name of reviewer:

Signature: ___________________________ Date ___________________________

Dean

Date received: ______________________

_______ Appeal Approved

_______ Appeal Denied

Rationale for decision:

Signature: ___________________________ Date ___________________________

(Notify the student via email and forward the form to the Registrar’s Office.)