

Transfer Credit Appeal/Change

Office of the Registrar 101 Bresee Hall Hartwick College Oneonta, NY 13820 Tel: 607-431-4460; Fax: 607-431-4260

For office use only:
Received:
Processed:

_____ Date: _____

Please complete this form and return it to the Registrar's Office. Allow at least 5 business days for processing.

To view how transfer credit has been applied to your record, please login to your WebAdvisor account and view your Program Evaluation. These course will have the *TE notation to the right of them.

Eligibility:

- Students who have been accepted or are currently enrolled in programs at Hartwick College and who do not agree with Hartwick's decision regarding acceptance or placement of credit earned elsewhere.
- You must receive a grade of C or higher in the course (*Note: grade minimum may vary by department if appealing for a course in the major*)

Email address: _____ Phone (in case of questions): _____

Hartwick ID #: _____ Graduation date: _____

 Course must be from an accredited institution and appear on an official transcript showing final letter grade and number of credits earned

What to Include:

- A statement outlining reasons for the appeal/change
- A course description and/or syllabus of the course (Note: both may be required)

Non-Hartwick Course Information						Proposed Course Equivalency		
Institution Atten	ded Course/ (ex. ACCO-101		# o Cred		Cou	rse should equate to (ex. SPAN-101)	# of Credits	
	Education (LAiP) or Electiv	ve						
Non-Hartwick Course Information					Proposed Course Equivalency			
Institution Attended	Course/Title (ex. ACCO-101 Accounting)	# of Credits	Frade	Elective/Cu (circle	one)	Course should equate to (ex. SPAN-101)	# of Credits	
				Elective / C	urriculum			
Comments:		1						
Student's Signature							Date	