



Transfer Credit Appeal Form

Date: Student ID: Name: Email Address: Phone #:

Major:

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| **Transfer College or University** | **Course #** | **Course Title** | # of  Credit Hours | **Term and Year** | **WSU Equivalent Course** |
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You may file a transfer credit appeal when you think that the Wright State University transfer credit policy was not correctly applied to your evaluation. Please attach all documentation that supports your appeal, such as course description and/or course syllabi. You will receive a decision about your appeal within 30 days of receipt of this form.

**PLEASE RETURN COMPLETED FORM AND APPROPRIATE SUPPORTING DOCUMENTATION TO:**

**Amanda Spencer**

**Director**

**University Academic Advising**

**Wright State University**

**Student Success Center 101**

[**amanda.spencer@wright.edu**](mailto:amanda.spencer@wright.edu)

**937-775-2415**