Transfer Credit Appeal Form

Student’s Name: ______________________________________ FAU Student ID: __________________

Last Name, First Middle

College: ____________________________________ Department: _________________________________

Degree Major: ______________________________________________________________________________

Name of institution from which credit was earned: _________________________________________________

Reason for appeal: __________________________________________________________________________

____________________________________________________________________________________ ________

Important Information for Students:

• Any course work under appeal will be granted academic credit only on the basis of Faulkner’s determination of academic merit.
• The student must provide the transfer institution’s relevant catalog sections (such as accreditation statement and course descriptions), course syllabi, verification of course completion (such as grade report, CLEP/AP examination reports), or other documentation before the course work is considered for academic credit.
• The student must provide the transfer institution’s relevant catalog sections (such as accreditation statement and course descriptions), course syllabi, verification of course completion (such as grade report, CLEP/AP examination reports), or other documentation before the course work is considered for change from lower division to upper division academic credit.
• The student must obtain the approval signature of their major field academic advisor, Department Chair, and Dean before changes to their transfer credit evaluation will be considered.

Important Information for Faculty and Advisors:

Changes to course work approved via a transfer credit appeal may be applicable to degree requirements regardless of the student’s current or future program(s) of study. Please do not use this form to make “substitutions,” which are only applicable to the student’s current program of study.

Major Field Academic Advisor Approval: ________________________________________________________

Department Chair Approval: _______________________________________________________________

Dean Approval: ______________________________________________________________________________

<table>
<thead>
<tr>
<th>Transfer Credit</th>
<th>FAU Credit Approved</th>
<th>Departmental/Dean Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Prefix &amp; Number</td>
<td>Course Title</td>
<td># of Units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A departmental/dean signature is required from each department / college granting credit

Student’s Signature: ___________________________ Date: ___________________________

After completion of the form, the student must submit the form to the Office of the Registrar for review and posting of credits determined to be appropriate.