

## **Transfer Credit Appeal Process**

Students transferring credit to Buffalo State must submit an official transcript from the institution where they earned the credit to the Buffalo State Admissions Office. Admissions will complete a transfer credit evaluation in accordance with academic regulations and after consulting with relevant academic departments.

Students may appeal the decision to deny transfer credit or request credit for a course other than what was awarded by following these steps:

| Complete the student fields on the Transfer Credit Appeal Form                     |
|------------------------------------------------------------------------------------|
| Attach supporting documentation as outlined on the Transfer Credit Appeal Form     |
| Submit the form and documentation to the chair of the relevant academic department |

Once the documentation is reviewed by the department, the department chair will notify the student of their decision and return the form to Admissions (contact information below). Admissions will make changes to the transfer credit awarded if necessary.

If an appeal is denied, the department chair will provide the student with information and necessary documents to appeal the decision to the SUNY Office of the Provost.

## **Transfer Credit Appeal Contact:**

Nicholas Insalaco Articulation & Transfer Advisor insalanm@buffalostate.edu 716-878-5910

Transfer Admissions transfer@buffalostate.edu



## **Transfer Credit Appeal Form**

| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Banner ID:                                                      |                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|--|
| Student Name:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                         |  |
| Buffalo State Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                         |  |
| Transfer course you are appea                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                               |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                         |  |
| Course prefix & number (i.e. ENG101):  Transfer Institution (i.e. Canisius College):                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                         |  |
| *Along with this form, please attach an official catalog description of the course and/or a copy of the syllabus for the course you are wishing to transfer. You may also submit a letter outlining the reasons for the appeal, including how and why the course should transfer as the course you are requesting.  Submit materials to the academic department chair for the transfer course in question.  DEPARTMENT CHAIR MUST SIGN AND DATE THIS FORM |                                                                 |                                                         |  |
| Chair or designee (please print                                                                                                                                                                                                                                                                                                                                                                                                                           | ):                                                              |                                                         |  |
| Department:                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | Date received:                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                         |  |
| ☐ For this stude                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                               |                                                         |  |
| ☐ For all student                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ve Fall 20                                                      |                                                         |  |
| ☐ <b>DENIED</b> Signature of Chair or desig                                                                                                                                                                                                                                                                                                                                                                                                               | nee:                                                            | Date of Decision:                                       |  |
| Approval by the chair is subjec<br>Buffalo State.                                                                                                                                                                                                                                                                                                                                                                                                         | t to verification by Admissions th                              | at the course is eligible for acceptance at SUNY        |  |
| Once a decision has been ma                                                                                                                                                                                                                                                                                                                                                                                                                               | ade, please notify student return<br><u>transfer@buffalosta</u> | this form to Moot Hall 110 or scan and email to te.edu. |  |
| FOR OFFICE USE ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                         |  |
| Date entered:                                                                                                                                                                                                                                                                                                                                                                                                                                             | Initials:                                                       | CEEB Code:                                              |  |
| ☐ Entered into Slate                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                         |  |