

TRANSFER CREDIT APPEAL

ALL TRANSFER CREDIT APPEALS MUST BE SUBMITTED NO LATER THAN THE END OF YOUR FIRST TERM OF ATTENDANCE.

Name of Student _____ Date _____

First Term of Attendance _____ **Advisor's Initials** _____

Credit is requested for:

Course Title and Number _____

Credit Hours _____ Grade _____

Taken at _____ in the _____ - _____
Name of Institution Semester Year

*Attach course description from college catalog.

Justification for Request _____

Transfer credit to Baptist College of Health Sciences for:

Course Title and Number _____

Action taken:

Approved as Requested **Approved with change** **Denied**

Explanation _____

Check box if course should be added to transfer guidelines.

Appropriate Dean _____ Date _____

Credit applied to transcript:

Registrar _____ Date _____