TRANSFER APPEALS

NAME: ___________________________ DATE: ______________

PHONE: __________________________ ID#: ______________

TERM APPEAL REFERS TO: Fall_____ Spring_____ Summer_____ Year__________

Reason for appeal:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Please attach supporting documentation)

Reviewed by:
Department Leader ___________________________ Approved_____ Denied____ Date____

Reason
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

AASC ___________________________ Approved_____ Denied_____ Date____

Reason
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Provost ___________________________ Approved_____ Denied_____ Date____

FINAL DECISION
Reason
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Your Rights as a Transfer Student

A clear, understandable statement of HCC’s transfer policy. (see following section)
A fair and timely credit review and an explanation of why credits were or were not accepted.
A copy of the Academic Appeals Process.

For help with your transfer questions or problems, see your campus transfer specialist.

Process for Transfer Appeals

1. Student fills out an appeals form provided by the transfer specialist in the Student Services Department. Supplemental information provided to reviewers is encouraged, such as syllabus, and course description/course outlines.

2. The appeal form is submitted to the appropriate academic department leader who will consult with department members to review the appeal.

3. The department leader will provide the student, in writing, the outcome of the appeal within 5 working days.

4. If the appeal is denied, the student can then submit the appeal to a sub committee of the AASC (Academic Affairs and Standards Council). The appeal should be presented to the chair of the AASC, who will convene the sub-committee.

5. The AASC chair will provide the student, in writing, the outcome of the appeal within 5 working days.

6. If denied, the student can then submit the appeal to the provost.

7. If a student is not satisfied with the college transfer appeal decision, you may appeal through the Minnesota State Colleges and Universities Vice Chancellor of Academic and Student Affairs. (Procedure 3.21.1)