



**TRANSFER CREDIT APPEAL FORM**

PLEASE PRINT

Student's Name: \_\_\_\_\_

OCID/SSN: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the college from which you are requesting re-evaluation of transfer credit\*

TRANSFER COURSE INFORMATION		
_____	_____	_____
Course Subject & Number	Grade Received	Year & Term Taken
Rationale for Appeal		
<input type="checkbox"/> Approved – Owens Course Awarded _____ <input type="checkbox"/> Not Approved		
Chair Signature: _____		
_____	_____	_____
Course Subject & Number	Grade Received	Year & Term Taken
Rationale for Appeal		
<input type="checkbox"/> Approved – Owens Course Awarded _____ <input type="checkbox"/> Not Approved		
Chair Signature: _____		

\* Please complete one form for **each college** from which you are requesting re-evaluation of transfer credit. Send the completed form to the Records Office and include a copy of the course syllabus for each course for which you are requesting re-evaluation. Only courses with **course syllabus** will be re-evaluated.

Owens Community College – Records Office  
P.O. Box 10,000  
Toledo, OH 43699  
Email: [transfer@owens.edu](mailto:transfer@owens.edu)