

PART A • BASIS OF APPEAL (To be completed by applicant)

Please complete a separate form for each course to be reviewed.

Post-secondary institution attended	Sending Course Title and Number	U of S Equivalent Course
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Please indicate the reason for this appeal, including any circumstances you wish the department to consider in its assessment. If you require additional space, please attach a separate sheet of paper.

Student's Name		U of S Student Number	
		1	
U of S Email		Telephone	
Signature		Date (dd/mm/yyyy)	
College		Major	

PART B • BASIS OF ORIGINAL TRANSFER CREDIT RULING (To be completed by admissions officer)

Please indicate the original evaluation and reason for decision below.

To College/Department of	Admission officer's name and signature	Date (dd/mm/yyyy)
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PART C • DEPARTMENTAL EVALUATION (To be completed by the department head or designate)

Original ruling upheld

Transfer Credit reassessed as follows:

U of S Equivalent _____

Note: if an exact equivalent cannot be determined, please indicate subject and level (junior, senior, or unspecified) and credit units

This reassessment applies this case only **OR** all future cases of this nature

Department head (or designate) signature	Date (dd/mm/yyyy)
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Return to the address below: