



Transfer Credit Evaluation Appeal

Admissions and Records
admissions@arapahoe.edu
Phone: 303.797.5621

ACC performs transfer credit evaluations based on the following guidelines:

- Transfer credit evaluations are completed within 30 days of receipt of the official transcript directly from the issuing institution
- Institution is post-secondary and possesses regional accreditation
- Course content and rigor, at minimum, meets the ACC course content and rigor
- Course applies to the student's declared degree or certificate at ACC
- Course is completed with a grade of "C-" or better (or equivalent)
- Course content is not obsolete, based on the age of the course

Students have a right to appeal the results of the transfer credit evaluation at ACC; the appeal process is:

1. Student completes this form and submits it to ACC (admissions@arapahoe.edu, Attn: Transcript Evaluator)
2. ACC Transcript Evaluator forwards form to appropriate Department Chair for review
3. ACC Transcript Evaluator notifies the student of the decision via their student email address

STUDENT INFORMATION:

Name _____ Student ID _____

Student Email _____@student.cccs.edu Phone _____

COURSE INFORMATION: I would like the following course(s) reconsidered for transfer to ACC:

Course ID	Course Title	Credits	Grade	Institution

*Attach a separate sheet if necessary

RATIONALE: I am appealing (select one):

- A decision regarding the transferability of a specific course
Example: a course was not accepted in transfer because a grade of "D" was earned.
- A decision regarding the placement / applicability of a specific course
Example: a course was accepted as an Elective and the request is to have it apply toward the Major.
- ACC's failure to provide a transcript evaluation within the 30-day calendar period

Documentation. Provide as much detail and/or documentation as possible, including your sought resolution. Attached any relevant and appropriate supporting documentation (i.e. course description, syllabus, completed assignments, etc.)

Student Signature: _____ Date: _____

ACC OFFICIAL USE ONLY:	
Dept. Chair or Registrar: [] Approve [] Deny	SPACMNT Note (initials/date): _____
Dept. Chair or Registrar Signature: _____	Date: _____