



## SUNY STUDENT TRANSFER APPEAL PROCESS FORM

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

Student's I.D. \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

The SUNY Student Transfer Appeal Process at SUNY Plattsburgh is designed for any student in a SUNY associate degree program who does not agree with the decision of the college regarding acceptance and/or placement of credit earned elsewhere within SUNY.

SUNY College where the course was taken: \_\_\_\_\_

Transfer course in question: \_\_\_\_\_

SUNY Plattsburgh course wanting credit and/or placement: \_\_\_\_\_

Along with this cover sheet, please supply a letter stating your reasons for the appeal, a syllabus of the transfer course in question, and any additional materials available.

The appeal process begins at the campus level and, if not resolved at this level, will move to the SUNY Provost level. SUNY Plattsburgh will respond to your appeal within 10 business days. The campus designee for appeals is:

Michael Walsh, Registrar  
SUNY Plattsburgh  
101 Broad St.  
Plattsburgh, N.Y. 12901  
Tel: (518) 564-2100  
Fax: (518) 564-4900  
Toll: (800) 570-1634  
WEB: [www.plattsburgh.edu/register](http://www.plattsburgh.edu/register)  
E-mail: [registrar@plattsburgh.edu](mailto:registrar@plattsburgh.edu)