

Hennepin Technical College®

## TRANSFER COURSE APPEAL FORM

Please print clearly in ink

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Tech ID:			Date:
Student Name:			Email:
Last Name	First Name	Middle Name	
Program Major:			
I wish to appeal the decision/action tak	en regarding course trans	sfer denied for the followin	g reason(s):
Lack of content match to HTC cours	se		
Lack of credit match to HTC course			
Non-transferrable grade			
□ Technical course more than 5 years	old		
Other:			
			nentation. (Course syllabi, course outlines, stitutions.) Incomplete or unclear statements
Student Signature:			Date:
REGISTRAR/DEAN OF STUDENT SU			
Appeal Result: Approved D Supporting comments and/or condition:	enied		
Registrar's/Dean of Student Success' S	Signature:		Date:
I wish to appeal to the Vice Presider	nt of Academic Affairs		
Student Signature:			Date:
VICE PRESIDENT OF ACADEMIC AF Supporting comments and/or conditions		Approved Denie	ed
Vice President of Academic Affairs' Sig	nature:		Date:

Students have the right to appeal transfer decisions at the MnSCU system level. See Part 7: Student Appeal at http://www.mnscu.edu/board/procedure/321p1.html ORIGINAL: Student File COPY: Student 1/