



Hennepin Technical College™

TRANSFER COURSE APPEAL FORM

Please type or print clearly in ink.

Tech ID/StarID: _____ Date: _____

Student Name: _____
Last Name *First Name* *Middle Name/Initial*

Program Major: _____ Email: _____

I wish to appeal the decision/action taken regarding course transfer denied for the following reason(s):

- Lack of content match to HTC course
- Lack of credit match to HTC course
- Non-transferrable grade
- Technical course more than 5 years old
- Other: _____

DIRECTIONS: Please clearly state what action you are requesting along with the reason you feel the decision should be reviewed. Please provide course numbers and any supporting information. Attach supporting documentation. (Course syllabi, course outlines, or supplemental information related to the evaluation of courses transferring from other institutions.) Incomplete or unclear statements may delay the appeal process.

Student Signature: _____ Date: _____

REGISTRAR / DEAN'S ACTION:

Appeal Result: Approved Denied

Supporting comments and/or conditions of ruling:

Registrar's/Dean's Signature: _____ Date: _____

I wish to appeal to the Vice President of Academic Affairs

Student Signature: _____ Date: _____

VICE PRESIDENT OF ACADEMIC AFFAIRS: Appeal Result: Approved Denied

Supporting comments and/or conditions of ruling:

Vice President of Academic Affairs' Signature: _____ Date: _____