

Transfer Appeal Form

ID#/SS# _____ Date _____

Name _____

Address _____

Phone: Home _____ Work _____

Transfer College _____

Transfer Course Name & Number _____

Course at SSCC you wish to receive credit for _____

Attach copy of the course syllabus and forward with completed form to the Records Office:

Records Office | Southern State Community College
100 Hobart Drive
Hillsboro, Oh 45133

After request has been reviewed by a faculty member in appropriate department, student will receive written notification from Records Office.

OFFICE USE ONLY

Sent to _____ on _____
(Faculty member reviewing) (Date sent)

Student should receive credit they are requesting: _____ Yes _____ No

Signature _____ Date _____

Date returned to Records _____

Revised S.S.C.C. Transcript Sent to Student _____

Original Course

Original Evaluation

Revised Evaluation
