

## 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 Admissions Office:

**Admissions 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 Admissions Office.

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### 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 Admissions \_\_\_\_\_

Revised S.S.C.C. Transcript Sent to Student \_\_\_\_\_

*Original Course*

*Original Evaluation*

*Revised Evaluation*

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