LSSU Transfer Course Appeal Form

(For General Education Equivalency & Transfer Course Evaluation)

Submit completed form and supporting documents to: provost@lssu.edu

Student Information

Full Name: _____

Student ID: _____

LSSU Email: _____

Phone Number: _____

Major/Program: _____

Course Information

Transfer Institution of Course: _____

Course Number & Title from Transfer Institution:

_____

Term and Year Completed: _____

Are you requesting a specific equivalent General Education Course? ☐ Yes or ☐ No

If yes, what course? _____

If no, are you requesting a broad General Education Category?

_____

How LSSU Evaluated the Course (if known):

☐ General Transfer Elective (e.g., TRAN 177, 277) Select one: Blank

☐ Program-Specific Elective (e.g., BIOL 277, SOCY 377) Select course: Blank

☐ Not Accepted Select course number: Blank

☐ Other: _____

Are you requesting the waiving of a portion of your General Education credits? (less than 1 credit)

Appeal Statement

Briefly explain the reason for your appeal: (Attach additional sheet if needed)

Justification

Provide justification for your appeal, including:

- How the course aligns with a specific LSSU course or General Education Learning Outcome

- Supporting evidence (course description, syllabus, etc.) (Attach documentation to this form)

Requested Remedy

State the specific outcome you are requesting (e.g., course equivalency or General Education credit):

Student Signature

By signing below, I confirm that all information provided is accurate and complete.

Signature: _____

Date: _____