

TRANSFER CREDIT APPEAL FORM

Please scan or email the completed form and attachments to transfercredit@louisiana.edu; fax 337-482-6286; or mail to UL Lafayette Registrar's Office, PO BOX 41208, Lafayette, LA 70504-1208

Student Information

Student Name: _____ ULID: _____
Email: _____ Phone Number: _____

Transfer Information

External Institution: _____
Transfer Subject and Course Number: _____
Transfer Course Title: _____
Semester and Year in which course was taken: _____

REQUIRED Attachments

- Course Description Course Syllabus
 Letter outlining reasons for appeal, including how and why the course should transfer.

Signature and Date

Student Signature: _____ Date: _____

College Level Appeal Decision

Date: _____ Denied: _____ Approved: _____

Dean's Office Signature: _____

Comments: _____

Academic Affairs Appeal Decision

Date: _____ Denied: _____ Approved: _____

Academic Affairs Signature: _____

Comments: _____

Registrar's Office

Record Updated Date: _____ By Whom: _____