



COLLEGE OF ARTS AND SCIENCES

TRANSFER CREDIT APPEAL FORM

Submit this form to *appeal* an existing CAS transfer credit evaluation already on file. This form must include a **copy of the syllabus** for each course listed. It is the student's responsibility to provide the syllabus.

Student's Name: _____ Date: _____

Student ID#: _____ Major: _____

TO BE FILLED OUT BY THE STUDENT					FOR REGISTRAR'S AND DEPT CHAIR USE ONLY:	
TRANSFER INSTITUTION	COURSE SUBJECT AND NUMBER	CREDIT HOURS	DESIRED CAS COURSE EQUIVALENCY	SYLLABUS INCLUDED	APPROVED OR DENIED	SIGNATURE & DATE
Example: Tidewater Community College (TCC)	Example: BIO 141	Example: 3 Credits	Example: BIOL 102	Example: Yes, Syllabus included/attached		

Submit completed form to Registrar's Office, Regent University, 1000 Regent University Drive, SC 218, Virginia Beach, VA 23464 ♦ FAX: 757-352-4033 ♦ Email attachment: registrar@regent.edu

Comments _____

REGISTRAR'S OFFICE USE ONLY

Entered in SHATATR/SHATRNS _____ SGBI Code _____ SHATATR Comment Entered _____

Processed Date _____ by _____