

Transfer Credit Re-Evaluation Form

Please type or print in ink.

Academic Program of Study:

Name:

GTCC Student ID#

GTCC Student Email:

Phone Number:

Transfer Credit Policies:

- Credits must be from a Regionally Accredited College or University
- Grade must be a C or higher
- Some programs have time limits for transfer of certain courses
- Additional details can be found at the [GTCC Catalog](#)

Each request must include:

- Completed Course Re-evaluation form
- Catalog description of the course to be Re-evaluated
- Course syllabus from transfer institution (If available)
- Explanation of appeal request

*Students will be notified through their GTCC email accounts regarding the result of the Re-evaluation request.

*The Re-evaluation request will be completed within 3-5 business days.

*Use one form per institution.

*If there is insufficient information to award the credit, the request will be denied.

Please check the box if you are requesting an Academic Department Review: ☐

Name of Transfer Institution _____

(One form per institution)

TRANSFER COURSE

GTCC EQUIVALENT

Course/Class #	Course Title	Credit	Course/Class #	Course Title	Credit

Explain your reasons for submitting this appeal, and why you believe your request is justified. Be specific and detailed. Attached any documentation that supports your appeal to this form. Use the back of this form, if necessary, or attach any additional page.

Signature:

Date:

OFFICE USE ONLY

Approved / Denied

Assigned Course # _____

Comment: _____

Received by: _____ Date: _____ Processed by: _____ Date: _____