Transfer Course Evaluation Appeal

APPEAL INFORMATION AND PROCEDURES:
To appeal a transfer credit evaluation, complete and submit this form along with supporting documentation to the Registrar.
Note: To request course substitution complete an Academic Petition not an Appeal.

1. Meet with an advisor to review and discuss the results of the transfer credit evaluation. If an error was made, a revised evaluation will be issued via email.

2. Students are responsible for providing Dakota County Technical College supplemental information and/or documentation related to the evaluation of a course(s) transferring from other institutions.

3. Students will be notified of the results of their appeal within approximately two weeks of submitting an appeal.. If not satisfied by the college level appeal, the student may appeal at the system level to the Senior Vice Chancellor of Academic and Student Affairs.   The decision of the Senior Vice Chancellor shall be binding on all system college and university parties. (Procedure 3.21.1).

Please print clearly in ink.
Date: _____ Name: _____ Student ID: _____
          Last   First   Middle
Degree/Award Plan: _____ Program: _____
          (AS, AAS, Diploma, Certificate)   *(Accounting, Automotive Technician, etc.)*

I have attached the following supporting documentation: (Check all that apply)

☐ Course Description   ☐ Course Syllabus   ☐ Textbook Information   ☐ Reading List   ☐ Student Statement/Rationale

I believe the following course(s) to be equivalent to the Dakota County Technical College course(s) listed:

Please consider the course(s) listed below from: _____
          (College/Institution)
Attended: _____
          (Year)

Course #	Course Title	Credits	DCTC Equivalent Course

I believe the following course(s) to be not equivalent to a Dakota County Technical College course but appropriate for the MN Transfer Curriculum (MnTC) goal area(s) listed:

Please consider the course(s) listed below from: _____ \
          (College/Institution)
Attended: _____
          (Year)

Course #	Course Title	Credits	MnTC Goal Area(s)

Office Use Only:
Reviewed by: _____ Date: _____ ☐ **Approved**   ☐ **Not Approved**
          Faculty / Registrar
Response to Student: