



REQUEST FOR REVIEW OF TRANSFER CREDITS

Return to G27 Sutton Hall

Date _____

Name _____ Banner ID _____

Email address _____ Local phone _____

Prior college/university _____

Date entered IUP _____ IUP major _____
Fall/Spring Year

In the box below list the course(s) you are questioning and how you believe they should transfer.

Previous Institution

IUP

Course # and Title	Course # and Title

A syllabus for each class for which you are requesting reevaluation is required in order to complete the review.

PLEASE DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY

Resolution:

Student notified _____ (date) email _____ phone _____

Date received by Credit Evaluation _____