

## Office of Academic Affairs and the Provost

State University Plaza Albany, New York 12246

www.suny.edu

#### **SUNY Seamless Transfer Campus Appeals Form**

This form should be used for SUNY campus faculty or administrators to initiate an appeal to the SUNY Office of the Provost for matters relating to the implementation of Seamless Transfer policies. Issues that may be appealed include the transfer of guaranteed courses (i.e. Transfer Path or General Education courses), the inclusion of courses within the Transfer Path or General Education course database, courses with similar curricular content that fall outside the Transfer Path or General Education database, and other issues pertaining to transfer student success. Appeals may only be submitted regarding transfer issues between SUNY institutions, and do not pertain to non-SUNY public or private institutions.

# Please note that this form must include the signature of the SUNY Campus Chief Administrative or Academic Officer/Provost.

In addition to this completed form, at a minimum, the appeal should include as attachments:

- a letter outlining the reasons for the appeal, previous actions taken to resolve the issue(s) (if applicable), and the desired outcome(s)
- relevant evidence or documentation demonstrating the need for the appeal, such as student transcripts, course syllabi, links to online materials, student outcomes data, etc.
- copies of relevant communications, such as letters or emails, that would help to understand prior efforts to resolve the issue(s)

After completing page 2 of this form, submit via email with attachments to: <a href="mailto:studentmobility@suny.edu">studentmobility@suny.edu</a>. You will receive a confirmation within one business day, and a response detailing subsequent steps or requests for additional information within three business days. The steps taken to resolve the issue will depend on the nature of the appeal.

### SUNY Seamless Transfer Campus Appeals Form (continued)

### I. Contact Information Provide contact information below for the point of contact of the appeal, indicating whether the campus is a sending or receiving institution in this case. In addition, provide the name of the campus which is the subject of the appeal, and indicate whether it is the sending or receiving campus. Finally, if there has been prior communication with the subject campus, provide the point of contact information, if known. a) Submitting Campus Indicate Sending or **Receiving Campus:** Campus Name: b) Submitting Campus Name: **Primary Contact** Title: Department: Telephone: Email: c) Campus Subject of Indicate Sending or Appeal Receiving Campus: Campus Name: d) Campus Subject of Name: Appeal Contact Title: (if applicable) Department: Telephone: Email: II. Signatures a) Submitting Campus Signature and date: Primary Contact b) Submitting Campus Name and title: Chief Academic Officer (if different Signature and date: than primary contact)