PETITION TO RE-EVALUATE TRANSFER COURSE

Instructions: Complete your portion of this form, attach appropriate documentation (e.g. syllabus), and return to the Office of the Registrar. Results of this re-evaluation will be sent to you at the permanent address below or to your Huntingdon College e-mail account. Please allow at least 10 business days for your petition to be processed from the date of receipt. For some petitions, a longer time frame may be necessary in order to make an informed decision. Note: this form is for use in petitioning credit deemed unacceptable to Huntingdon in which no credit was awarded. However, if this is due to the institution at which the coursework was completed, then the Credit Evaluation Worksheet should be used.

Full Name ________________________________________ Last 4 digits of SSN _________
Permanent Address _____________________________________________________________
Contact Phone number _________________________________ HC e-mail ______________________

Please re-evaluate the following course:

Institution from which credit was transferred

Course Code

Course Title

Credits

Description of attached documentation concerning equivalency of this course to a specific class at Huntingdon College:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: __________________________ Date: __________

Advisor notification and support of petition – it is the student’s responsibility to obtain this signature before forwarding the petition to the Office of the Registrar.

Advisor signature: __________________________ Date: __________

Internal use only below this line.

Received by: __________________________ Date received : __________

Registrar’s Comments: (Applicable supporting documents attached)

☐ Approved ☐ Denied

Registrar’s Signature: __________________________ Date: __________

☐ Original to Registrar’s Office ☐ Copy to Advisor