Records, Registration and Graduation
TENNESSEE TECH

TRANSFER COURSE EQUIVALENCY APPEAL

1. Student Information

Student Name: _____ **Student T#:** _____

Major: _____ **Academic Catalog Year:** _____

2. Transfer Course Information

Transfer Institution: _____ **Term Taken:** _____

Course Prefix & Number: _____ **Credit Hours:** _____

Course Title: _____

Course Level (undergraduate or graduate): _____

Requested TTU Course Code/Equivalency: _____

3. Appeal Information

Reason for Appeal: _____

_____

❑ **Repeat/duplicate credit involved**

4. Support Documentation

Attach supporting documentation.

5. Academic Department Routing

College: _____ **Dept/School:** _____

Faculty Reviewer: _____ **Faculty Email:** _____

Faculty Comments: _____

_____

Faculty Signature: _____ **Date:** _____

Return completed form to registrar@tntech.edu