

**Transfer of Credit - Appeal Form**  
**Taylor College**

Social Security Number:		
Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Other Telephone Number:	

Student must submit the following documentation about the course's credit they are wishing to appeal 30 days prior to the start of the program.

- Course Syllabus
- Course Objective
- Course Description
- Course Textbooks and required materials
- Other relevant information

I hereby attest that all the documentation submitted with this form are original and have not been altered. I also understand that the results of this appeal will be final.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date