



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

OFFICE OF THE UNIVERSITY REGISTRAR

4301 JONES BRIDGE ROAD BETHESDA, MARYLAND 20814-4799

www.usuhs.edu



USU Transfer Credit Course Appeal Form

Students who wish to appeal a previously rejected transfer credit course(s) may request an appeal. Appeals must be accompanied by supporting documentation. The entire package will be reviewed by the appropriate academic department, and are not guaranteed to be approved.

Submission: All appeals must be submitted to the Office of the University Registrar at: Registrar@usuhs.edu. Complete applications will be forwarded to the appropriate academic program upon receipt and a written final response will be sent to the student no later than 90 days from the date of the initial request.

To be completed by the student:

Student Name: _____ Student ID: _____
Program/ Degree: _____ Email Address: _____

Course(s) requested to be processed in this appeal:

Course Number: _____ Credits: _____
Course Title: _____
University/College: _____

Course Number: _____ Credits: _____
Course Title: _____
University/College: _____

Please provide a justification for the appeal request & submit appropriate documents below (completed by student, use separate page and attach to this form):

I confirm the following documents are attached to this substitution request:

1. Current unofficial transcript with course to be substituted circled or highlighted
2. Copy of the course outline, syllabus, or other relevant course material to document that learning outcomes have been met.

Student Signature: _____ Date: _____

OFFICIAL USE ONLY:

OUR Coordination Date: _____ Appeal Deadline: _____
Academic Program POC: _____

To be completed by Transfer Credit Committee:

_____ Accept
_____ Reject

Associate Dean Signature: _____ Date: _____