



Office of the Registrar
registrar@lsua.edu
(318) 473-6424
Abrams Hall, Room 109

Transfer Credit Evaluation Appeal Form

Date: _____	Transfer University: _____
Student Name: _____	Semester in Question: _____
LSUA ID #: _____	Transfer Course Name/Code: _____

Please Note: Submitting this form does **NOT** ensure that the request for appeal will be granted. Students may also be required to submit additional documentation from the transfer university should the department deem necessary.

Please describe in detail what is being appealed, sign and date, then return to the Registrar's Office:

Student Signature: _____ **Date:** _____

Department Chair Recommendation:

Dept. Chair Signature: _____ **Date:** _____

Appeal Approved

Appeal Denied

_____ Registrar's Signature	_____ Date
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