

## COURSE APPEAL

Name: \_\_\_\_\_ Student ID# : M Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_@live.missouristate.edu

**Transfer Course Appeal:** Requesting that a course taken at another institution will transfer into MSU-WP as equivalent to a certain MSU-WP course [Must attach additional documentation (syllabus, catalog description, etc.)]

**Transfer Course:** Institution \_\_\_\_\_ Date Completed \_\_\_\_\_

Department \_\_\_\_\_ Course Number \_\_\_\_\_ Title \_\_\_\_\_ Credit Hours \_\_\_\_\_ Grade \_\_\_\_\_

**MISSOURI STATE UNIVERSITY-WP EQUIVALENT: (ACCORDING TO YOUR TRANSFER EVALUATION)**

Department \_\_\_\_\_ Course Number \_\_\_\_\_ Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

**MISSOURI STATE UNIVERSITY-WP COURSE YOU ARE REQUESTING FOR CREDIT:**

Department \_\_\_\_\_ Course Number \_\_\_\_\_ Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

Approved       Not Approved

Use this course for this student only.

Use this course for any future students.

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Department Chair/  
Program Coord. Signature \_\_\_\_\_ Date \_\_\_\_\_

**When Transfer Course Appeals are complete,  
route to Admissions for processing**

**Route Course Waiver and Course Substitution to Registration for processing when complete.**

◆ **Course Waiver:** [Attach additional documentation and/or reason for request]

**Request to waive a required course:**

\_\_\_\_\_ Course Code & Number

\_\_\_\_\_ Degree Program

(Must meet required credit hours for degree)  
(Department Chair/Program Coordinator and Dean approval req. on IDS course waivers only)  
(Dean's approval req. on all other waiver requests)

Approved       Not Approved

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Dept. Chair/Prog. Coord.'s Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved       Not Approved

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Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

**Course Substitution:** (Requesting to substitute a course with another course to fulfill a degree requirement) [Attach additional documentation if needed.]

**Degree Program** \_\_\_\_\_

**Course Required** \_\_\_\_\_

**Substitute Course** \_\_\_\_\_

**Reason for substitution (Discuss extenuating circumstances)**

\_\_\_\_\_  
\_\_\_\_\_

Approved       Not Approved

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Dept. Chair/Prog. Coord.'s Signature \_\_\_\_\_ Date \_\_\_\_\_

◆ If the student is not satisfied with the Dean's decision, they may appeal to the appeals committee.

Approved      \_\_\_\_\_      \_\_\_\_\_

Not Approved      Appeals Committee Chair Signature      Date