

Course Re-evaluation Appeal



Please type or print in ink.

Name	Palm Beach State Student ID#
Mailing Address	Phone Number
City	State Zip

Each request must include:

- Completed Course Re-evaluation form
- Catalog description of the course to be re-evaluated
- Course syllabus (if possible)
- Listing of General Education courses at below college/university

*Student will be notified by mail as to the result of your re-evaluation request.

Name of Transfer Institution _____
 (One form per institution)

TRANSFER INSTITUTION			PALM BEACH STATE EQUIVALENT		
Course ID	Course Title	Credits	Course ID	Course Title	Credits

Explain your reasons for submitting this appeal, and why you believe your request is justified. Be specific and be detailed. Attach any documentation that supports your appeal to this form. Use the back of this form, if necessary, or attach any additional pages.

Signature	Date
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