

Saint Louis University Course Articulation Appeal

Form
#29

Section 1 Student	_____ Student Name	_____ Student ID
----------------------	-----------------------	---------------------

Section 2 Transfer Institution	Students <u>must</u> attach a course syllabus for review of this course articulation appeal.														
	_____ Institution Name	_____ State	_____ Institution Website												
	Semester Enrolled (fall/winter/spring/summer and year) _____														
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Off-Campus Subject and Number</th> <th style="width: 35%;">Off-Campus Course Title</th> <th style="width: 10%;">Credit Hours</th> <th style="width: 30%;">Proposed SLU Course Subject and NoPronjd (S</th> </tr> </thead> <tbody> <tr style="background-color: #cccccc;"> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Off-Campus Subject and Number	Off-Campus Course Title	Credit Hours	Proposed SLU Course Subject and NoPronjd (S										
Off-Campus Subject and Number	Off-Campus Course Title	Credit Hours	Proposed SLU Course Subject and NoPronjd (S												

Section 3 Student	I understand and acknowledge that:	
	! The attached syllabus is for the course I was enrolled in at the listed institution.	
	_____ Student Signature	_____ Date

Section 4 Department	<input type="checkbox"/> Appeal denied, but course substitution allowed for the course subject. This section is for the department chair to use.		
	<input type="checkbox"/> Appeal granted, articulation updated to course: _____ (may be #ELE, #REQ or equivalent course)		
	_____ Department Chair Name	_____ Signature	_____ Date

Please submit this form by emailing the completed form to articulation@slu.edu.