GATEWAY COMMUNITY AND TECHNICAL COLLEGE

Transfer Credit Re-evaluation Form
Instructions

1. **Complete the Transfer Credit Re-evaluation Form. Attach a copy of the syllabus and/or course description for each class to be re-evaluated.**

2. **Submit the documentation to the Gateway Student Records Office at the Edgewood Campus or by email (gw-studentrecords@kctcs.edu).**

3. **Completed forms and required documentation are sent to the appropriate academic dean.**

4. **The student is notified of the approval or disapproval of the request through the student's KCTCS email.**

5. **If the transfer course re-evaluation is approved, the change will be reflected in the student's record.**

GATEWAY COMMUNITY AND TECHNICAL COLLEGE

Transfer Credit Re-evaluation Form

Student EMPLID: _____ *OR* DATE OF BIRTH: _____

Student Name: _____

Course Taken: _____

Where Taken: _____

When Taken: _____

Number of credit hours: _____ quarter _____ semester

Grade: _____

Gateway Course Requested: _____

Reason for re-evaluation: _____

_____

Student's Signature _____ Date: _____

Dean Approval _____ Date: _____

Dean Disapproval _____ Date: _____

Reason for Disapproval _____