

FINANCIAL AID & SCHOLARSHIPS
TRANSFER HOURS APPEAL FORM

Student Name: _____

Social Security #: _____

Major: _____

Advisor: _____

This is to request that my federal financial aid eligibility be re-considered based on the evaluation of my transfer credits as they apply to my degree program at Sinclair. I understand that this evaluation is effective only as of the date signed by my advisor below, and is subject to change if I submit additional transcripts from other schools, or if I change my major at Sinclair.

Student's Signature

Date

I have evaluated the transcript of the above-named student, and I have determined the following:

Transfer hours to be counted toward Sinclair degree: _____

Advisor's Signature

Date

Return the completed form to the Financial Aid & Scholarships office.