Saint Louis University — Madrid Campus
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 or Country

Institution Website

Semester Enrolled (fall/winter/spring/summer and year)

_____

Off-Campus Subject and Number	Off-Campus Course Title	Credit Hours	Proposed SLU Course Subject and Number
Ex. COMM-152	*Principles of Comm*	*3*	*CMM 2000*

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

The student shall submit this appeal to the Saint Louis University academic unit responsible for the course subject. This section must be completed by that department.

☐ Appeal denied

☐ Appeal denied, but course substitution allowed: _____

☐ 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 registrar-madrid@slu.edu