

Saint Louis University Course Articulation Appeal

Form #29

Section 1 Student	_____ Student Name	_____ Student ID
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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)																																																			

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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.		
	<input type="checkbox"/>	Appeal denied	
	<input type="checkbox"/>	Appeal denied, but course substitution allowed: _____	
	<input type="checkbox"/>	Appeal granted, articulation updated to course: _____ <i>(may be #ELE, #REQ or equivalent course)</i>	
	_____ Department Chair Name	_____ Signature	_____ Date

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