

# Transfer Compact Appeal Process

## Guiding Principles

1. A student in the Connecticut State University System and the Connecticut Community College System has the right to appeal a decision made under the Transfer Compact when he/she believes that said decision impedes his/her educational progress toward a degree.
2. Appeals must be filed and acted on in a timely fashion, within one semester of said decision.
3. Appeals must be submitted in writing on the appropriate appeal form.
4. Students will receive due process throughout the appeal process and will receive a definitive final determination in a timely manner.
5. The appeal process applies to special cases in which it is believed that the proper resolution of an issue requires a formal review and ruling process.

## Process

1. A student who believes that any decision has been made which violates the terms of the Transfer Compact has the right to appeal that decision.
2. The student shall submit a written appeal to the appropriate Transfer Compact Contact. The written appeal must outline the specific aspect of the Transfer Compact which may have been misapplied, information or evidence which supports the appeal, and a request for a specific desired outcome, in the event the appeal is upheld.
3. The Transfer Compact Contact shall review the letter of appeal and consult with at least two of the following from the four year institution (a department chair, a school/college dean, an academic officer which may include assistant or associate vice president or the Provost) and at least one of the following from the two year institution (a transfer counselor, the faculty advisor, a departmental chair, or academic officer to include vice presidents and deans). The Transfer Compact Contact shall keep a record of which individuals, by name and title, have been consulted.
4. The Transfer Compact Contact may, as needed, meet with the student to gather additional information necessary to reach an informed decision and/or to informally reach a mutually agreed upon resolution without the need for a further level of the appeal.
5. The review by the appropriate Transfer Compact Contact shall occur within 10 working days of receipt of the appeal.
6. The decision, which must be reached within 15 working days of the receipt of the appeal, will be communicated in writing to the student and to the chief academic officer of the involved institution(s). This will be considered the institution's finding / campus-based decision on this matter. The letter shall include notification of the student's right to request a second-level review of the campus-based decision, and shall include the name and address of the Co-

Chairs of the Memorandum of Understanding/Transfer Compact Oversight Committee to whom such a request for review must be addressed.

7. If the student believes that any aspect of the campus-based appeal process was arbitrary, capricious or discriminatory in any way, the student may request within 10 working days of receipt of the notification of the campus-based decision, a second-level review of the appeal. A written request for a second-level review must be submitted to the Co-Chairs of the MOU/Transfer Compact Oversight Committee. The Transfer Compact Contact will forward all documentation related to the appeal to the Co-Chairs for review.
8. Within 10 days of receipt of the request for a second-level review, the Co-Chairs will appoint three members of the MOU/Transfer Compact Oversight Committee to serve as the Oversight Committee Appeal Panel for any given appeal.
9. Within 10 days of being appointed to serve, the Oversight Committee Appeal Panel will conduct a second-level review of all documents, information, and correspondence and will reach its determination based on that review.
9. If the determination is to uphold the campus-based decision, the Oversight Committee Appeal Panel shall inform the student and the Transfer Compact Contact in writing. If the determination of the Oversight Committee Appeal Panel is to uphold the appeal made by the student, it shall notify in writing the student, the Transfer Compact Contact, and the President of the four year institution of its determination, its recommendation for action, and the specific reason(s) for the recommendation. The President shall consider the Panel's recommendation, render the final decision, and communicate with all parties.

# Transfer Compact Appeal Form

*Please submit this completed form to the Transfer Compact Contact at the appropriate institution within one semester of the occurrence of the decision or event that you believe to be impeding your academic progress toward completion of the degree.*

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Connecticut Community College \_\_\_\_\_

Connecticut State University \_\_\_\_\_

*Identify, describe, or explain the specific decision or event that you are appealing. Explain the circumstances and where appropriate identify individuals or institutional officials. Include copies of supporting documents or correspondence. Use additional pages if necessary.*

\_\_\_\_\_  
*Indicate your desired outcome.*

\_\_\_\_\_  
Your signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Received by (name and title) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Reviewed by (name and title) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Disposition by designated official if not the same as reviewer. Indicate what actions if any were taken in response to the appeal.

\_\_\_\_\_  
Name, title, and signature of designated official \_\_\_\_\_ Date \_\_\_\_\_