Appeal of Evaluation of College Transcript
From Non-Regionally Accredited Institutions

RETURN THIS FORM WITH REQUIRED DOCUMENTS (see below) TO:
Welcome and One Stop Center – B114
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061 • Email: registrar@clcillinois.edu

Credit from non-regionally accredited institutions will be evaluated for transfer credit to the College of Lake County upon request. If the College of Lake County determines that the transfer course matches a CLC course in content, rigor and length, it may be accepted for credit at CLC.

Please complete this form for each course for which you wish to receive transfer credit.

Name:_________________________________________________ CLC ID#________________________

Phone: (_________)__________________________ Student Email: __________________________________

Name of Institution: ________________________________________________________________________

College of Lake County equivalent course (e.g. BIO 121): __________________________________________

Academic Program: Plan Code:_______ Title:________________________________________________

If you are unsure of your academic program, refer to the CLC catalog or the CLC website www.clcillinois.edu or contact the Office of Registrar & Records (847) 543-2061.

The following documents are required for the appeal to be processed:
• Description of the course you wish to transfer from the college catalog that was in effect when you took the course.
• Course syllabus or course reference file for the course you wish to transfer (from the same term that you took the class).
• Narrative explaining justification for award of transfer credit.

The Dean of the appropriate Division will determine if credit is awarded. The decision of the Dean is final.

______________________________________________________ (Student Signature) ____________________________ (Date)