

Time Limit on Courses Appeal Form

A review of your transcripts has revealed credit that is over the time limit, per university policy on time limitations on applicability of transfer and Excelsior credit. To appeal this policy, complete this form to verify any relevant and current professional and/or academic experience. If the appeal is approved, your academic evaluation will be updated with the appealed courses that satisfy remaining requirements.

PERSONAL INFORMATION	
NAME	STUDENT ID OR DOB

DEGREE INFORMATION

Select the degree you are pursuing:

Bachelor of Science in Computer Science

» Relevant subjects older than 5 years from entrance into degree program: major core and concentration courses

Bachelor of Science in Cybersecurity

» Relevant subjects older than 5 years from entrance into degree program: everything applied to the Cybersecurity Component

Bachelor of Science in Electrical Engineering Technology

» Relevant subjects older than 10 years from entrance into degree program: computers/information technology, electrical (not AC/DC), electronics

Bachelor of Science in Information Technology

» Relevant subjects older than 5 years from entrance into degree program: everything applied to the Information Technology Component

Bachelor of Science in Nuclear Engineering Technology

» Relevant subjects older than 10 years from entrance into degree program: calculus I, natural science, computers/information technology, nuclear engineering technology, electrical (not AC/DC), electronics

Master of Science in Cybersecurity

» Relevant subjects older than 5 years from entrance into degree program: everything applied to the degree program

EMPLOYMENT EXPERIENCE

To be considered for this appeal, related employment experience must have taken place within the time limit for your degree program (i.e., within 5 years or 10 years of entrance into your degree program).

CURRENT JOB INFORMATION			
TITLE			
	DATES IN THIS POSITION		
EMPLOYER	FROM	ТО	
NAME AND PHONE NUMBER OF YOUR IMMEDIATE S	SUPERVISOR		
NAME			
ADDRESS			
CITY	STATE	ZIP	
EMAIL	PHONE		
Describe your duties and functions as they relate to the Please be specific in giving examples of work you do expired courses.	= =		
PREVIOUS JOB INFORMATION			
TITLE			
	DATES IN THIS POSITION		
EMPLOYER	FROM	ТО	

NAME AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR

IAME
DDRESS
STATE ZIP
MAIL PHONE
Describe your duties and functions as they relate to the subjects listed with your degree program above. Please be specific in giving examples of work you do or experience you have that directly relates to your expired courses.
ADDITIONAL EXPERIENCE Describe any other positions you have held that are related to the subjects listed with your degree program above.
ACADEMIC EXPERIENCE AND PROFESSIONAL DEVELOPMENT/TRAINING Describe any professional development or training courses or programs you have completed, either as eart of your job, or outside of your job, where you gained knowledge or experience in the degree-related subject areas.
RAINING/COURSE NAME
ATE COMPLETED
DESCRIPTION OF KNOWLEDGE GAINED

TRAINING/COURSE NAME
DATE COMPLETED
DESCRIPTION OF KNOWLEDGE GAINED
TRAINING/COURSE NAME
DATE COMPLETED
DESCRIPTION OF KNOWLEDGE GAINED
OTHER RELATED COURSES/TRAINING
Additional pages may be attached, including resumes or descriptions of training/professional development.
Submit this form to evaluation@excelsior.edu.
FOR EXCELSIOR UNIVERSITY STAFF USE ONLY
APPROVED DENIED
SUBJECTS APPROVED
REVIEWED BY DATE