TRANSFER DISPUTE RESOLUTION FORM
TEXAS HIGHER EDUCATION COORDINATING BOARD

This form is to be completed in accordance with the rules and guidelines of the Texas Higher Education Coordinating Board in regard to transfer disputes (Chapter 5, Subchapter A, Section 5.4, Paragraph 6). Definitions, instructions, and examples of "Problems vs. Dispute" are contained in the instructions to Courses: Transfer Curricula and Resolution of Transfer for Lower-Division Courses:

This form shall be initiated at the institution which disputed credit was earned (the sending institution). With regard to time frames, all references to "days" are to calendar days unless otherwise noted.

Sending Institution:
Institution: __________________________________________________________
Address: _____________________________________________________________
Chief Academic Officer (CAO): ________________________________
Telephone #: __________________________ Fax #: __________________________
Date of Denial Notification: __________________________________________
Course(s) Denied: __________________________________________________
Challenge of the Denial: (use additional pages if needed)
____________________________________________________________________
____________________________________________________________________

Student whose Credit is Denied:
Name: ________________________________________________________________
I.D. #: __________________________ Telephone #: __________________________
Address: __________________________________________________________________________________________________
Major: __________________________ Level/Classification: ______________________

Receiving Institution:
Institution: __________________________________________________________
Address: _____________________________________________________________
Chief Academic Officer (CAO): ________________________________
Telephone #: __________________________ Fax #: __________________________
CAO Signature: ______________________________________________________
Sending Institution: __________________________________________________
Date: __________________________________________________________________

Dispute Not Resolved:
Course(s) Denied: ____________________________________________________
____________________________________________________________________
Reason: ______________________________________________________________
____________________________________________________________________
CAO Signature: ______________________________________________________
Denying Credit: _______________________________________________________

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Date: _____________________________________________________________

Dispute Resolved:
Resolution: _________________________________________________________

CAO Signatures: _____________________________________________________

Institution Denied: _________________________________________________

Institution Denying: ________________________________________________

Date: _____________________________________________________________

Disputes Not Resolved:

Commissioner's Resolution: ________________________________________

Commissioner's Signature: ___________________________ Date: ___________

Copies:

Student

CAO Institution whose credit was denied

CAO Institution denying credit

Commissioner of Higher Education

Please submit to:

Commissioner of Higher Education

Texas Higher Education Coordinating Board

P.O. Box 12788

Austin, Texas 78711

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