

## **College Transcript Evaluation Appeal**

Central Admissions and Records PO Box 85622, Richmond, VA 23285 804-523-5029 804-371-3650 (Fax)

| Student ID Number       |                    | Social Security Number           |
|-------------------------|--------------------|----------------------------------|
| First                   | Middle             | Last Name                        |
| Name of college to be i | reviewed           | Name of course(s) to be reviewed |
|                         |                    |                                  |
|                         |                    |                                  |
|                         |                    |                                  |
| Reason for appeal:      |                    |                                  |
|                         |                    |                                  |
| You may submit any do   | cumentation to sup | oport your appeal.               |
| Student's Signature     |                    | Date                             |
| OApproved:              |                    |                                  |
| OPenied:                |                    |                                  |
|                         |                    |                                  |
|                         |                    |                                  |
| Director of Admissions  | & Records          | Date                             |
| Pogistror               |                    | Data                             |