



## 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 reviewed**

**Name of course(s) to be reviewed**

**Reason for appeal:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**You may submit any documentation to support your appeal.**

**Student's Signature**

**Date**

**Approved:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

**Director of Admissions & Records**

**Date**

**Registrar**

**Date**