



## College Transcript Evaluation Appeal

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

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**Student ID Number** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

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**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.**

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**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<input type="radio"/> <b>Approved:</b> _____	
<input type="radio"/> <b>Denied:</b> _____	
<b>Director of Admissions &amp; Records</b> _____	<b>Date</b> _____
<b>Registrar</b> _____	<b>Date</b> _____