



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** _____

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