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 docur	mentation to suppo	ort your appeal.
Student's Signature		Date
Approved:		
O Denied:		
Director of Admissions & I	Records	Date
Registrar		 Date