

College Transcript Evaluation Appeal Office of the Registrar

Last Name	First	Middle
Student ID Number	_	Student VCCS Email
Name of college to be reviewed	d	Name of course(s) to be reviewed
7 1		
Reason for appeal:		
You must submit the following docume	entation to s	support your appeal:
Course Description Syllabus		
SyllabusName of Book used (include ISE	BN and editic	on #) for the course
Student's Signature		Date
Approved:		
Denied:		
Dean of Student Services		Date
Registrar		

Revised: 9-2012