

TRANSCRIPT APPEAL FORM

Section 1: To be Completed by Appellant

PLEASE PRINT ALL INFORMATION

CONTACT INFORMATION:

Student Name _____

CWID _____

Date _____

CURRENT ADDRESS AND PHONE NUMBERS

Address _____

Cell # _____

City _____

Land # _____

State _____ Zip _____

E-mail Address: _____

Account Balance _____

Payment Plan: _____

**APPROPRIATE LETTER AND DOCUMENTATION
MUST ACCOMPANY APPEAL FORM**

Please make sure to give a concise and complete explanation/justification for the appeal and attach any appropriate documentation relevant to the situation.

_____ Date

_____ Signature of Appellant

Return completed Appeal Form and appropriate documentation to transcriptappeal@nsula.edu

Section 2: Receipt of Appeal Form (to be completed by the Office of Auxiliary Services)

Appeal Form Received by _____ Date Received _____

Section 3: Committee Action (to be completed by Committee Coordinator)

Meeting Held on _____ Committee Action: Appeal Approved _____ Appeal Denied _____

Comments: _____

_____ Signature, Committee Coordinator

_____ Date

The Assistant Director of Auxiliary Services reserves the right to ask the committee to reconsider an appeal only when the appellant provides new or additional information of cause or extenuating circumstances, or additional documentation since the original appeal was consider by the committee.