TRANSCRIPT APPEAL FORM

Section 1: To be Completed by Appellant

CONTACT INFORMATION:

Student Name __________________________ CWID __________ Date __________

CURRENT ADDRESS AND PHONE NUMBERS

Address ____________________________________________

City __________________________ State ___________________ Zip __________

Account Balance ____________________________

Cell # ____________________________________________

Land # ____________________________________________

E-mail Address: ____________________________

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 the Assistant Director of Auxiliary Services, 108D Watson Library, Northwestern State University, Natchitoches, Louisiana 71497. Email: transcriptappeal@nsula.edu or fax to 318-357-4039.

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 considered by the committee.