

**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](mailto: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.