

Transfer Evaluation Appeal Form

DATE: _____

NAME: _____ RUID: _____

EMAIL: _____

CELL #: _____ MAJOR #: _____

PREVIOUS INSTITUTIONS (*college-level*):

	<u>Name of School</u>	<u>Date Attended</u>	<u>Degree Earned (if any)</u>
1.	_____	_____	_____
2.	_____	_____	_____

New Jersey Community College AA/AS Degree Holders

Degree- Circle One if Applicable AS / AA	Date Degree Earned _____	Final Transcript Evaluated Yes / No
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CONCERN/NEED: *Please state the reason for your appeal along with an explicit explanation of your extenuating circumstance. Attach all appropriate documentation with this form, if it has not already been received by the Office of Academic Services.*

ACTION/FOLLOW-UP:

ADVISOR/DEAN: _____

DATE: _____

