

Transcript Evaluation Appeal Form

Complete this form if you would like to appeal the transfer credits you were awarded. Appeals must be made **within three years** of evaluation of credit and <u>will not</u> be considered if the articulated credits were used to meet the requirements of an awarded degree or certificate. Appeal reviews take a minimum of four (4) weeks. You will be notified in writing of the appeal outcome. Transcript evaluation appeals must be processed at the District Office.

Mail, fax or bring this request to:		
Pima Community College, Office Tucson, AZ 85709-1120 • FAX No		ecords, 4905B East Broadway, Suite 220,
Pima Student Identification No.	Phone Number	Date of Birth
Name (Last, First, Middle Initial)		Previous name, if applicable
Mailing Address		
City	State	ZIP Code
received your original credits fron	and attach support	ing documentation, if appropriate.
Signature		Date
(Office Use Only)		
Date of original evaluation:		Date of second evaluation:
Original evaluator:		Second evaluator: