

EDUCATION AND EXPERIENCE APPEAL FORM Do Not Write Your Name Anywhere On This Form. Print All Required Information In Black Or Blue Ink.				
Social Security Number				
Exam Title Exam Number				
SECTION 1 – EMPLOYMENT				
I am appealing my disqualification for not indicating that I possess the minimum employment qualification requirements.				
Qualifying Employment: Job Title: Name of Employer:				
Address of Employer:				
Nature of Employer's Business: Number of Hours Worked per Week:				
Dates of Employment - From: $/_{Month} /_{Year}$ To: $/_{Month} /_{Year}$ Total Time: $/_{Month(s) Year(s)}$ Presently Employed				
Qualifying Experience				

Describe each of your duties separately with percentages (Required for Rating).	% Time
Total Time Spent Performing These Duties =	100%

If you need more space, attach additional Education and Experience Appeal Forms. Be sure to include your social security number, the exam title and number on each attached sheet.

SECTION 2 – FOREIGN EDUCATION

□ I am appealing my disqualification for not submitting an evaluation of my foreign education. I am having an evaluation of my foreign education submitted directly to MTA New York City Transit by an approved evaluation service.

SECTION 3 – EDUCATION

□ I am appealing my disqualification for not possessing the required credits, hours, diploma or degree.

The diploma or degree that I possess that I need to qualify is (only check one box):

	□ GED	High School	Vocational High School	□ Trade School
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□ Associates Degree □ Bachelors Degree □ Masters Degree

 \Box I do not have a diploma or degree

Dates of attendance: From $\frac{1}{Month}$ $\frac{1}{Year}$ To $\frac{1}{Month}$ $\frac{1}{Year}$ Date of Graduation: $\frac{1}{Month}$ $\frac{1}{Year}$				
Name of Educational Institution:	eign			
Address of Institution:				
Section 3A: Vocational High School/Trade School Specialty				
Number of hours you completed in specialty:				
Section 3B: College/University Major				
Number of Credits Completed in Major: Total Number of Credits Completed:				
Title of Degree:				

SECTION 4 – ERROR IN EVALUATION

If you believe that we have made a mistake in the way we evaluated the information you provided to us, you should use the box below to notify us of our mistake.

If you need more space, attach additional Education and Experience Appeal Forms. Be sure to include your social security number, the exam title and number on each attached sheet.