

Admissions Determination Reconsideration

Term: Fall Spring Year: _____

Name: _____ Phone: _____ Date: _____
First Last

Prior Name(s): _____ Email: _____
*if applicable

Address: _____
Street City State/ZIP

Date of Birth: _____ SSU ID# _____ CAS (Cal State Apply) ID# _____

Appeal Reason:

Application is Incorrect Academic Improvement Extenuating Circumstances Transfers—Review under non-impacted major of: _____

Review as Lower Division Transfer Missed Deadline:
_____ ERD _____ Other: _____
_____ Test Score _____
_____ Transcript Attached Mailed Electronic* Date Sent: _____
*electronic transcripts only accepted from Parchment or eTranscript California

Explanation of Appeal Request: Letter of Appeal Attached

The letter of appeal should include information regarding the admissions requirements that you are appealing and the reason or circumstances that contributed to the requirements not being met. Please also include information on how and when the deficiencies are being made up including verification of enrollment.

Please select your class level and submit the following supporting documents along with this form. Incomplete packets will be denied without being reviewed.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> First Time Freshmen:
<input type="checkbox"/> Official Test Scores
<input type="checkbox"/> Letter(s) of Recommendation
<input type="checkbox"/> Official H.S. transcript with grades posted and work in progress listed.
<input type="checkbox"/> Verification of current and/or future term enrollment
<input type="checkbox"/> Disability Documentation (if applicable) | <input type="checkbox"/> Lower Division Transfer:
<input type="checkbox"/> Official Test Scores
<input type="checkbox"/> Letter(s) of Recommendation
<input type="checkbox"/> Official final H.S. transcript
<input type="checkbox"/> Official college transcripts
<input type="checkbox"/> Verification of current and/or future term enrollment
<input type="checkbox"/> Disability Documentation (if applicable) | <input type="checkbox"/> Upper Division Transfer:
<input type="checkbox"/> Additional official college transcripts with most recent grades posted if not previously submitted
<input type="checkbox"/> Verification of future term enrollment
<input type="checkbox"/> Disability Documentation (if applicable) | <input type="checkbox"/> Graduate:
<input type="checkbox"/> Letter of Support from the Graduate Program Coordinator
<input type="checkbox"/> Verification of current and/or future term enrollment
<input type="checkbox"/> Disability Documentation (if applicable) |
|---|--|---|--|

Submit all documents to: Sonoma State University
Attn: Admissions Office
1801 E. Cotati Avenue
Rohnert Park, CA 94928
FAX: 707-664-2060

Admissions Appeal Requests for Spring will be reviewed beginning in November. For Fall, they will be reviewed beginning in April. Due to enrollment constraints all appeals will be considered on a space available basis. Committee decisions are final and cannot be appealed. For questions about the appeal process, contact appeals@sonoma.edu