

Admissions Requirements Not Met Appeal

Name: _____
First Last

Date: _____

SSU ID# _____

Phone# _____

Term: Fall _____ Spring _____

Appeal Reason:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Application is Incorrect | <input type="checkbox"/> Academic Improvement | <input type="checkbox"/> Extenuating Circumstances | <input type="checkbox"/> Transfers—Review under non-impacted major of: _____ |
| <input type="checkbox"/> Review as Lower Division Transfer | | | |

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 returned 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"/> Disability Documentation <i>(if applicable)</i> | <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 <i>(if applicable)</i> | <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 <i>(if applicable)</i> | <input type="checkbox"/> Graduate: <input type="checkbox"/> Letter of Support from the Graduate Program Coordinator <input type="checkbox"/> Disability Documentation <i>(if applicable)</i> |
|--|---|--|---|

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 March. Due to enrollment constraints all appeals will be considered on a space available basis. Committee decisions are final and cannot be appealed.