

Application Appeal Request

Name: _____ Phone: _____ Date: _____
First Last

CAS (Cal State Apply) ID# _____ Email: _____

Address: _____
Street City State/ZIP

Undergraduate: First-Time Freshman
 Upper Division Transfer (60+ units)
 Lower Division Transfer (less than 60 units)

Graduate: Masters 2nd BA

Extended Education: Undergraduate Graduate

Credential

Schools Attended:

Transcript Delivery Type:

Note: If you have transcripts from more than 5 schools, please attach extra page

1. _____ Attached Mailed Electronic* Date Requested: _____
2. _____ Attached Mailed Electronic* Date Requested: _____
3. _____ Attached Mailed Electronic* Date Requested: _____
4. _____ Attached Mailed Electronic* Date Requested: _____
5. _____ Attached Mailed Electronic* Date Requested: _____

*electronic transcripts are only accepted from Parchment or e-Transcript CA

Intended Major: _____

Explanation of Appeal Request: Letter of Appeal Attached

Your appeal statement should address the reasons or circumstances that warrant an approval for an application to a closed program.

Please submit the following supporting documents along with this form. Incomplete packets will be returned without review.

First Time Freshmen:

- Official Test Scores
- Letter(s) of Support
- Official H.S. transcript with grades posted and work in progress listed
- Disability Documentation (if applicable)

Lower Division Transfer:

- Official Test Scores
- Official final H.S. transcript
- Official college transcripts
- Verification of current and/or future term enrollment
- Letter(s) of support
- Disability Documentation (if applicable)

Upper Division Transfer:

- Official college transcripts with Fall grades posted
- Verification of current and/or future term enrollment
- Letter(s) of support
- Disability Documentation (if applicable)

Graduate:

- Letter of support from the Graduate Program Coordinator
- Disability Documentation (if applicable)

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

All appeals will be considered on a space available basis. Committee decisions are final and cannot be appealed.