

# Application for Special Consideration

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:**

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

**Transcript Delivery Type:**

- \_\_\_\_\_  Attached  Mailed  Electronic\* Date Requested: \_\_\_\_\_
- \_\_\_\_\_  Attached  Mailed  Electronic\* Date Requested: \_\_\_\_\_
- \_\_\_\_\_  Attached  Mailed  Electronic\* Date Requested: \_\_\_\_\_
- \_\_\_\_\_  Attached  Mailed  Electronic\* Date Requested: \_\_\_\_\_
- \_\_\_\_\_  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.

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**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.**