

# Admissions RESCIND — Appeal Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last

SSU ID# \_\_\_\_\_ Phone# \_\_\_\_\_ Term: Fall \_\_\_\_\_ Spring \_\_\_\_\_

**RESCIND Appeal Reason:**

Admissions Rescind Appeal Requests will be considered on a space available basis and must be received within 7 calendar days of your emailed rescind notification.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Transcript is Incorrect | <input type="checkbox"/> Coursework in Progress<br><i>(Considered on space available basis)</i> | <input type="checkbox"/> Extenuating Circumstances | <input type="checkbox"/> Final Transcripts not received by deadline |
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**Explanation of RESCIND Appeal Request:**  Letter of Appeal Attached

The letter of appeal should include an explanation of why the specific admissions requirement(s) were not met and a detailed plan on how you intend to meet those requirements.

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

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| <input type="checkbox"/> <b>First Time Freshmen:</b><br><input type="checkbox"/> Official Test Scores<br><input type="checkbox"/> Letter(s) of Recommendation<br><input type="checkbox"/> Official H.S. transcript with grades posted and work in progress listed.<br><input type="checkbox"/> Disability Documentation <i>(if applicable)</i> | <input type="checkbox"/> <b>Lower Division Transfer:</b><br><input type="checkbox"/> Official Test Scores<br><input type="checkbox"/> Letter(s) of Recommendation<br><input type="checkbox"/> Official final H.S. transcript<br><input type="checkbox"/> Official college transcripts<br><input type="checkbox"/> Verification of current and/or future term enrollment<br><input type="checkbox"/> Disability Documentation <i>(if applicable)</i> | <input type="checkbox"/> <b>Upper Division Transfer:</b><br><input type="checkbox"/> Additional official college transcripts with most recent grades posted if not previously submitted<br><input type="checkbox"/> Verification of future term enrollment<br><input type="checkbox"/> Disability Documentation <i>(if applicable)</i> | <input type="checkbox"/> <b>Graduate:</b><br><input type="checkbox"/> Letter of Support from the Graduate Program Coordinator<br><input type="checkbox"/> Disability Documentation <i>(if applicable)</i> |
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**Submit all documents to:** Sonoma State University  
 Attn: Admissions Office  
 1801 E. Cotati Avenue  
 Rohnert Park, CA 94928  
 FAX: 707-664-2060

**All students must complete their admissions requirements by the end of the term prior to the admit term (or their high school graduation) otherwise they will be considered a rescind. Committee decisions are final and cannot be appealed.**