

Admissions RESCIND/REVOKE — Appeal Request

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# _____

RESCIND/REVOKE Appeal Reason:

Admissions Rescind/Revoke 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
<small>(Considered on space available basis)</small> | <input type="checkbox"/> Extenuating Circumstances | <input type="checkbox"/> Final Transcripts not received by deadline |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|

Explanation of RESCIND/REVOKE 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.

**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 <small>(if applicable)</small> | <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 <small>(if applicable)</small> | <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 <small>(if applicable)</small> | <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 <small>(if applicable)</small> |
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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/revoke. Committee decisions are final and cannot be appealed. For questions about the appeal process, contact appeals@sonoma.edu