Admissions Requirements Not Met Appeal

Name: ___________________________ ___________________________ Date: ___________________________
First Last

SSU ID# ___________________________ Phone# ___________________________ Term: Fall ____ Spring ____

Appeal Reason:
☐ Application is Incorrect          ☐ Academic Improvement        ☐ Extenuating Circumstances
☐ Review as                      ☐ Transfers—Review
      Lower Division          under non-impacted
      Transfer                     major of: ___________________________

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.

☐ First Time Freshmen:
☐ Official Test Scores
☐ Letter(s) of Recommendation
☐ Official H.S. transcript with grades posted and work in progress listed.
☐ Disability Documentation (if applicable)

☐ Lower Division Transfer:
☐ Official Test Scores
☐ Letter(s) of Recommendation
☐ Official final H.S. transcript
☐ Official college transcripts
☐ Verification of current and/or future term enrollment
☐ Disability Documentation (if applicable)

☐ Upper Division Transfer:
☐ Additional official college transcripts with most recent grades posted if not previously submitted
☐ Verification of future term enrollment
☐ 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: 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.