Application for Special Consideration Spring

Year:

Term: Fall

ame:	First		Last	Phone:	Date:
rior Name(s):			En	nail:	
Address:	Street			City	State/ZIP
Date of Birth: _	f Birth: SSU ID#		CAS (Cal State Apply) ID#		
egular University			(if applicable) Extended Education		
Please verify the level of your desired program and check ONE box	Undergraduat First-Time Upper Divis (60+ un Lower Divi	Freshman sion Transfer nits)	Graduate: ☐Masters ☐2nd BA ☐Credential	☐ Upper Division Transfer (60+ units) ☐ Graduate ☐ Certificate	Note: Extension programs are offered through the School of Extended Education and have a different fee structure than regular university programs.
Schools Attend		than 5 schools nle	ase attach extra page	Transcript Delivery Typ	oe:
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Explanation of	f Appeal Req	uest:	Letter of Appe		
First Time I Test Scores Letter(s) of S H.S. transcrip	II be requested Freshmen:		sions Office as n on Transfer: anscript acripts	I documents may be submitted to the submitted to the decident of the submitted to the submi	will be denied without revie

Email this form to appeals@sonoma.edu. Do not submit transcripts or official documents via email.

Letter(s) of support

(if applicable)

Disability Documentation

Disability Documentation (if applicable)
Verification of current and/

or future term enrollment

Submit official documents to:

Sonoma State University Attn: Office of Admissions 1801 E Cotati Ave Rohnert Park, CA 94928

Disability Documentation

(if applicable)

- College transcripts with bachelor's degree
- College transcripts with most recent 60 units completed
- Verification of current and/or

future term enrollment

Note: International students must also submit: proof of English Proficiency (TOEFL or IELTS), proof of Financial Support, and copy of passport.