

# Deny Appeal Request

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

Date: \_\_\_\_\_

SSU ID# \_\_\_\_\_

Phone# \_\_\_\_\_

Term: Fall \_\_\_\_\_ Spring \_\_\_\_\_

## Appeal Reason:

- Application is Incorrect       Academic Improvement       Extenuating Circumstances       Transfers—Review under non-impacted major of: \_\_\_\_\_
- Review as Lower Division Transfer

## 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.

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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>  | <input type="checkbox"/> <b>Lower Division Transfer:</b>                       | <input type="checkbox"/> <b>Upper Division Transfer:</b>  | <input type="checkbox"/> <b>Graduate:</b>  |
| <input type="checkbox"/> Official Test Scores   | <input type="checkbox"/> Official Test Scores                                  | <input type="checkbox"/> Additional official college transcripts with most recent grades posted if not previously submitted | <input type="checkbox"/> Letter of Support from the Graduate Program Coordinator |
| <input type="checkbox"/> Letter(s) of Recommendation  | <input type="checkbox"/> Letter(s) of Recommendation                           | <input type="checkbox"/> Verification of future term enrollment   | <input type="checkbox"/> Disability Documentation (if applicable)                |
| <input type="checkbox"/> Official H.S. transcript with grades posted and work in progress listed. | <input type="checkbox"/> Official final H.S. transcript                        | <input type="checkbox"/> Disability Documentation (if applicable)   |  |
| <input type="checkbox"/> Disability Documentation (if applicable)                                 | <input type="checkbox"/> Official college transcripts                          |   |  |
|   | <input type="checkbox"/> Verification of current and/or future term enrollment |   |  |
|   | <input type="checkbox"/> 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.**