FIRST TIME FRESHMAN ADMISSION APPEAL COVER SHEET
OFFICE OF ADMISSIONS

Applicant Name: __________________________ CWID: __________________________

CSUF E-mail: __________________________ Phone: __________________________

Submit the following documents in ONE COMPLETE PACKAGE. Only complete appeals will be considered. Review the appeals website for additional information: http://www.fullerton.edu/admissions/appeals
Appeals are for extenuating circumstances only and are rarely granted.

1) **Freshman Appeal Cover Sheet** – Complete and sign form.
2) **Letter of Appeal** – Address extenuating circumstances supporting appeal. Include current GPA and Eligibility Index.
3) **Documentation** – Supply documentation for all facts presented in your letter of appeal.
4) Include any transcripts or test scores needed to support appeal statement.

**Missed Deadline Appeals**

- 7th Semester High School Transcripts
- Acceptance of Offer / Enrollment Deposit
- New Student Orientation (NSO) Registration
- Early Start Program (ESP) – Registration
- Test Scores (ACT or SAT)
- Final High School Transcript
- Orientation (NSO) Attendance
- Early Start Program (ESP) – Completion

**Admission Decision Appeals**

- Low Eligibility Index
- Missing College Prep Course
- Other ________________________________

1) All appeals must be received by the CSUF Admissions Appeals Committee within one month of date on the admission status notification from the Office of Admissions.
2) Appeal decisions will be provided within 3-4 weeks of submission.
3) Applicants will be notified of decision by e-mail to the personal and CSUF email address.
4) Submit complete packet by one of three ways.
   - MAIL to: California State University, Fullerton Admissions Appeals Committee P.O. Box 6900 Fullerton, CA  92834-6900
   - FAX to: (657) 278-1152
   - EMAIL to: appeals@fullerton.edu

I certify that I have read the Admissions Appeals Information (web address above) and have submitted a complete packet (form, letter, documentation). I understand that if my appeals packet is incomplete, my appeal may be delayed or immediately denied.

Applicant Signature __________________________ Date __________

OFFICE USE ONLY

Rec’d ________/______ Stat/Dte ________ GPA _______ EI _______/______ Mjr __________ Local/Out

EOP NSO ___ ESP ___ / ___ Dte/Emails __________________________ Comm _____

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<thead>
<tr>
<th>Appeal Status</th>
<th>Notes/Comments</th>
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<tr>
<td>Approved</td>
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<td>Denied</td>
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Action

- APPL ADMT
- WAIT PEND
- MATR DDEF

Decision: By ________/______ Date __________ Email ____ Comm ____ Stat ____