**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](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
- Freshman Orientation Registration
- Early Start Program (ESP) – Registration
- Test Scores (ACT or SAT)
- Final High School Transcript
- Freshman Orientation Attendance
- Early Start Program (ESP) – Completion

### Admission Decision Appeals

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

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.

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**Applicant Signature** ____________________________ **Date** ____________________________

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**OFFICE USE ONLY**

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**Decision:** By ______ Date ______ Email ____ Comm ____ Stat ____