



CALIFORNIA STATE UNIVERSITY, FULLERTON

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>
READ APPEAL DIRECTIONS COMPLETELY.

- 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

- | | |
|---|---|
| <input type="checkbox"/> Admission Application Fee | <input type="checkbox"/> Test Scores (ACT or SAT) |
| <input type="checkbox"/> 7 th Semester High School Transcripts | <input type="checkbox"/> ELM / EPT Tests |
| <input type="checkbox"/> Acceptance of Offer / Enrollment Deposit | <input type="checkbox"/> Final High School Transcript |
| <input type="checkbox"/> New Student Orientation (NSO) Registration | <input type="checkbox"/> New Student Orientation (NSO) Attendance |
| <input type="checkbox"/> Early Start Program (ESP) – Registration | <input type="checkbox"/> Early Start Prog (ESP) – Completion |

Admission Decision Appeals

- | | |
|--|--|
| <input type="checkbox"/> Low Eligibility Index | <input type="checkbox"/> Missing College Prep Course |
| <input type="checkbox"/> 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 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.

Form 09/26/16

Applicant Signature

Date

OFFICE USE ONLY

Rec'd _____ Stat/Dte ___/____ GPA _____ EI ___/____ Mjr _____ Local/Out

EOP NSO ___ ELM ___ EPT ___ ESP ___ / ___ Dte/Emails _____ Comm _____

<u>Appeal Status</u>	Notes/Comments _____	<u>Action</u>
Approved	_____	APPL ADMT
Denied	_____	WAIT PEND
No Action	_____	MATR DDEF-

Decision: By _____ Date _____ Email _____ Comm _____ Stat _____