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**
- Admission Application Fee
- 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)
- ELM / EPT Tests
- Final High School Transcript
- New Student Orientation (NSO) Attendance
- Early Start Prog (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 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 ____________ Form 09/26/16

**OFFICE USE ONLY**
Rec’d __________ Stat/Dte __/________ GPA ______ EI _____/_____ Mjr ____________ Local/Out
EOP NSO ____ ELM ____ EPT ____ ESP ____ /___ Dte/Emails __________________________ Comm _____

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Decision: By __________ Date __________ Email ____ Comm ____ Stat ____