POST BACCALAUREATE STUDENT ADMISSION APPEAL COVER SHEET
OFFICE OF ADMISSIONS

Applicant Name: __________________________________ CWID: ____________________ Fall 16 -- Spring 17

Applicant Email Address: ___________________________________________ Day Phone #:______________________

Submit all of the following documents in ONE COMPLETE PACKAGE. Only complete appeals will be considered. Check the following website for additional information: http://www.fullerton.edu/admissions/appeals. READ APPEAL DIRECTIONS COMPLETELY.

1) Appeal Cover Sheet – Read and complete all of this document.
2) Letter of Appeal – Must address extenuating circumstances or complete explanation supporting appeal.
3) Documentation – Include documents as defined. Undocumented appeal statements will not be considered.

Type of Appeal – Denied Admission or Missed Deadline

☐ Admission Application Fee ☐ College Transcript(s) Required
☐ Below Minimum GPA Requirement ☐ Did not meet Department Requirements*
☐ Other ____________________

*If you were denied because you did not meet department requirements, you must contact the department directly. If they choose to reevaluate your application and offer you admission, they will contact the Admissions Office directly. No appeal should be filed.

Letter of Appeal – This letter must be prepared by you, the applicant, and must include information that was not included or was unavailable at the time you filed your application for admission. Include in your letter your estimation of your current cumulative GPA and your GPA for all of the semesters that include your last 60 units. Include unofficial copies of all of your transcripts.

The following applies to all types of appeals:
1) All appeals must be received by the CSUF Admissions Appeals Committee within one month of date on the "missed deadline" or "deny" notification / communication from the Office of Admissions.
2) Appeal decisions will be provided within 3-4 weeks of submission.
3) Applicants will be notified by electronic communication to the address listed above and/or your personal CSUF email address.
4) Submit appeal (total package) 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. 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 ______/_______ Mjr ____________ Comment ______

Appeal Status
Approved
Denied
No Action

Notes/Comments________________________________________

Action
APPL ADMT
MATR DDEF-

Decision: By _________ Date ___________ Email ___ Comment ___ Stat ____

Form 12/10/15