

APPLICANT INFORMATION

Office of Admissions

admissions.sdsu.edu

Undergraduate Admissions Appeal Request

Date:	SDSU Red	ID:		
Applicant Name:		F	A4: 1 H	
AA-iiiaa Addaa	Last	First	Middle	Maiden
Mailing Address:	Street	City	State	Zip
Email:			Daytime Phone:	
Term: ☐ Fall	□ Spring	Major:		
			completed at time of entry	//re-entry into CSU (include units in
sdsu.edu/appeals befo Request form, one-pag crisis), and supporting	re submitting your requee letter of appeal detail documentation that su	uest. You must submit O ling your extenuating cir ubstantiates your appeal	NE COMPLETE PACKAGE cumstance (e.g., hospitali	nust accompany your appeal at to include this Admission Appeal ization, military service, personal r extenuating circumstances. s of awarded honors.
CHECK ONE BOX BELC Missed Deadline App		REASON FOR THE A	PPEAL AND REVIEW INS	STRUCTIONS
☐ Request to submit la	te admission applicatio	n		
☐ Request to submit la☐ Request to submit la		nts or test scores		
☐ Request to apply as				
☐ Request to submit a				
☐ Request to have the☐ Other:		to a future term, □ Fall _ 	or □Spring	
Admission Decision	Appeal			
☐ Request for a re-eval☐ Request for reinstate☐ Other:	ement of admission (ad	mission was canceled or	rescinded)	
THE FOLLOWING APPL	IES TO ALL TYPES O	F APPEALS		
1. All appeals must be r	eceived by SDSU withir	n 30 days of date of the "		" notification/communication from mit one appeal per admission term.
2. Appeal decisions ma	y take more than 12 we	eks after the submission	of a complete appeals pac	ckage.
	tified of the appeals de address, please go to n		email address on file in my	y.SDSU. To confirm
			eal, your last name, and Rec	JID."
	save your letter as Micro SDSU Appeal Letter Smi		nent as "SDSU Appeal Lette	er, your last name, and RedID."
 Supporting do 	cumentation: (e.g. hospi	italization, military servic	e, personal crisis) that subs	tantiates your appeal.
test scores may be red	quired. All transcripts and	d test scores must be sent	directly to the SDSU Office	d appeal type. Official transcripts and of Admissions and must be received rawn and no longer considered.
6. Submit your appeal b	by sending an email to a	admissionappealforsdsu@	osdsu.edu.	
	ust be received in the			and that all required documents/ veeks or my appeal will be withdrawn
Applicant Electronic Signa	ature:		Date:	

APPEAL LETTER: PLEASE INCLU				
OFFICE USE ONLY				
Date Received:	Freshman	☐ Lower Division	☐ Upper Division	