

Received by: _____
Date: _____

Grossmont College Statement of Appeal

Appeals must be submitted to the Admissions and Records office by Tuesday for committee review on Wednesday.

Name _____ Student ID _____
Address _____ Date of Birth _____
City _____ State _____ Zip Code _____ Phone _____
Email: _____ Major: _____

Please check here if you would like your results emailed to you. Note we will only email the current email address on file with the Admissions & Records Department. You can update your email on Web Advisor/Self-Service.

Original Petition was reviewed and denied on: _____

Appeal Statement (student must provide evidence and reasons beyond those presented in the original petition that will influence the Committee's original decision.)

Student Signature _____ Date _____

ADMISSIONS USE ONLY

___ APPROVED Admissions Dean/Designee _____ Date _____
___ DENIED Reason for Denial: _____
___ TABLED Action: _____