

Office of Admissions

UNDERGRADUATE ADMISSIONS APPEAL REQUEST

APPLICANT INFORMATION

| Date: | SDSU Re | dID: | | <u> </u> |
|---|---|---|---|---|
| Applicant Name: | Last | First | Middle | Maiden |
| Mailing Address: | | | | |
| Email | Street | City | | ate Zip |
| | | | - | |
| rerm: ■ Fall 2020 Year | 🗆 Spring Year | iviajor: | | |
| Entry Status How many college tra progress and planned | nsferable semester/quail? Select your entry stat | arter units will you have tus: <u>60-89.5 semester u</u> | completed at time of en nits/90-134.5 quarter u | ntry/re-entry into CSU (include units in nits |
| before submitting you of appeal detailing you that substantiates you | r request. You must su ir extenuating circumst ir appeal. You must doo | bmit ONE COMPLETE P ance (e.g. hospitalization | ACKAGE to include this , military service, family g circumstances. Only c | hat must accompany your appeal at Admission Appeal Request form, letter crisis), and supporting documentation omplete appeals will be considered. |
| Missed Deadline App Request to submit I Request to submit I Request to submit I Request to apply as Request to submit a Request to submit a | neal ate admission application ate fee ate transcripts, docume a Lower Division Trans a late Intent to Enroll application rolled over | ents, or test scores | or □Spring | |
| ☐ Request for reinstat | aluation of denied admi ement of admission. Ad | ssion dmission was canceled o | | |
| THE FOLLOWING APP | LIES TO ALL TYPES O | F APPEALS | | |
| | | | | erm. Due to the impact of Coronavirus ad from schools that are currently closed. |
| 2. Appeal decisions m | ay take more than 12 we | eeks after the submission | of a complete appeals | package. |
| | otified of the appeals de il address, please go to | | e email address on file o | n the SDSU WebPortal. To confirm |
| For example: ' • Appeal letter: For example: ' | ppeal Request form: sa 'SDSU Appeal Smith 123 save your letter as Mici 'SDSU Appeal Letter Sm | rosoft Word or PDF docur | nent as "SDSU Appeal L | etter, your last name, and RedID." |
| scores may be requi your unofficial trans | red. Given the uncertain cript PDF(s) as "Unoffic | nty of COVID-19, unoffici | al transcripts in the PDF name, and RedID." For ϵ | cted appeal type. Transcripts and test format will be accepted. Please save example, "Unofficial Transcripts Smith edu. |
| 6. Email the complete admissionappealfor | | upporting documentation | n (refer to sdsu.edu/app | eals) to |
| By signing below, I acknobe emailed to admission | | | and that all required do | ocuments/transcripts/test scores must |
| Applicant Signature: | | | Date: | |
| | | | | (Continued on next page) |

APPEAL LETTER: PLEASE INCLUDE OFFICIAL LETTER OF APPEAL IN THIS SECTION **OFFICE USE ONLY** Date Received: ☐ Freshman ☐ Lower Division ☐ Upper Division