Admissions Appeal Request

Name: ____________________________ First ____________________________ Last ____________________________ Date: ____________________________

SSU ID# ____________________________ Phone# ____________________________ Term: ____________________________

Spring ____________________________ Fall ____________________________

Appeal Reason:

☐ Application is Incorrect (First Time Freshman)
☐ Academic Improvement (Considered on space available basis)
☐ Extenuating Circumstances
☐ Missed Deadlines

Explanation of Appeal Request:

☐ Letter of Appeal Attached

The letter of appeal should include information regarding the admissions requirements that you are appealing and the reason or circumstances that contributed to the requirements/deadlines not being met. Please also include information on how and when the deficiencies are being made up including verification of enrollment.

Submit all documents to:

Sonoma State University
Attn: Admissions Office
1801 E. Cotati Avenue
Rohnert Park, CA 94928
FAX: 707-664-2060

Admissions Appeal Requests will be considered between Nov. 2, 2015, and Dec. 11, 2015, for Spring 2016 and March 1, 2016, and April 8, 2016, for Fall 2016.

Due to enrollment constraints all appeals will be considered on a space available basis.

All decisions are final and cannot be appealed.