

Admissions RESCIND — Appeal Request

Name: _____ Date: _____
First Last

SSU ID# _____ Phone# _____ Term: Fall _____ Spring _____

RESCIND Appeal Reason:

Admissions Rescind Appeal Requests will be considered on a space available basis and must be received within 7 calendar days of your emailed rescind notification.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Transcript is Incorrect | <input type="checkbox"/> Coursework in Progress
<i>(Considered on space available basis)</i> | <input type="checkbox"/> Extenuating Circumstances | <input type="checkbox"/> Final Transcripts not received by deadline |
|--|---|--|---|

Explanation of RESCIND Appeal Request: Letter of Appeal Attached

The letter of appeal should include an explanation of why the specific admissions requirement(s) were not met and a detailed plan on how you intend to meet those requirements.

**Please select your class level and submit the following supporting documents along with this form.
 Incomplete packets will be returned without being reviewed.**

- | | | |
|--|--|---|
| <input type="checkbox"/> First Time Freshmen:

<input type="checkbox"/> Verification of future enrollment
<input type="checkbox"/> Letter(s) of Recommendation
<input type="checkbox"/> Official final H.S. transcript with all grades & graduation date posted (if not previously submitted)
<input type="checkbox"/> Disability Documentation <i>(if applicable)</i>
<input type="checkbox"/> Email notification of Rescind from Admissions | <input type="checkbox"/> Transfer Students:

<input type="checkbox"/> Official college transcripts with final grades posted. <i>(if not previously submitted)</i>
<input type="checkbox"/> Verification of future enrollment
<input type="checkbox"/> Disability Documentation <i>(if applicable)</i>
<input type="checkbox"/> Email notification of Rescind from Admissions | <input type="checkbox"/> Post-baccalaureate:

<input type="checkbox"/> Letter of support from the Graduate Program Coordinator
<input type="checkbox"/> Verification of future enrollment
<input type="checkbox"/> Disability Documentation <i>(if applicable)</i>
<input type="checkbox"/> Email notification of Rescind from Admissions |
|--|--|---|

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

All students must complete their admissions requirements by the end of the term prior to the admit term (or their high school graduation) otherwise they will be considered a rescind. Committee decisions are final and cannot be appealed.