

*Please print legibly in black ink.**Instructions are on the reverse side of the form.*Name: _____ ID Number: _____
Last First M. I.

E-mail Address: _____@mail.fresnostate.edu Phone Number: _____

Major: _____ Current School: _____ Date: _____

Applied as a: Freshman Upper Division Transfer Returning StudentApplication Term: Spring Fall

Appeals must be submitted within 15 days of the date on the 'missed deadline' or 'denied' email notification from the Admissions Office.
Students are limited to one appeal per academic term. Decisions rendered are final and non-negotiable.

Type of Appeal:

- Admissions Decision Applicants who did not meet the minimum eligibility requirements.
- Missed Deadline Applicants who believe they submitted documents or met other posted deadlines, but Fresno State does not show them as having been satisfied or completed.

Please check the box(es) that pertain(s) to you:
 Application Deadline Official Transcripts Other _____
Required Documentation:

Submit ALL of the following documents in ONE COMPLETE PACKET. Incomplete packets will not be considered and the appeal may not be resubmitted.

1. Completed Admissions Appeal Form
2. Personal Statement addressing the extenuating circumstances and detailed explanation for the appeal.
3. Supporting documentation, such as test scores, transcripts, etc.
4. The e-mail notification of the decision from the Admissions Office, if applicable.

By signing this appeal request, I acknowledge and understand the following:

- The information on this form and in any supporting documentation is complete and accurate.
- I will receive an e-mail acknowledgement of this appeal.
- The Admissions Office is authorized to verify any information submitted.

Student Signature _____ Date _____

OFFICE USE ONLY Appeal Approved Appeal DeniedComments: _____

Authorized Signature _____ Date _____ E-mail Sent _____