

*Please print legibly in black ink.**Instructions are on page 2 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) for the missed deadline 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 acknowledging receipt of this appeal and another with the appeal decision.
- 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 _____

All packets must include relevant documentation to support the justification for the appeal. Documentation should be submitted to support any claims made in a student's personal statement regarding hardship, illness, or other extenuating circumstances.

Appeals will be considered once and decisions rendered are final and non-negotiable. Students will be notified via email to their Fresno State email address regarding the final appeal decision, but are advised not to wait for the decision when considering other plans.

For all appeals, please note the following:

1. Must be received no later than **15 days** from date of email notification of admission decision
2. A limit of one appeal per academic term: decisions rendered are final and nonnegotiable
3. Appeal packets should include:
 - a. Completed Fresno State Admissions Appeal Form
 - b. Personal Statement
 - c. Supporting documentation
 - d. Copy of the email notification decision from the Admissions Office
4. Incomplete appeal packets will be denied and cannot be re-submitted.
5. Submit the appeal packet **within 15 days**:
 - a. **In person** to the Student Services Center in the Joyal Administration Building, north lobby, **window #5**
 - b. **Mail to:**
California State University, Fresno
Admissions Office
RE: Admissions Appeal
5150 N. Maple Avenue M/S JA 57
Fresno, CA 93740-8026
 - c. **Fax to:** 559.278.4812
 - d. **E-mail to:** admissions@csufresno.edu and include documents as attachments
6. Notification that we have received your appeal packet will be emailed within 5-7 business days
7. Appeal decisions may take a minimum of 4 weeks