California State University
SAN MARCOS

Graduate Admissions Appeal Request Form

Applicants may submit a maximum of one appeal per academic term. Only complete appeals will be considered.

APPLICANT INFORMATION

Applicant Name: _____
Last First Middle Maiden

Student ID: _____ Term: ☐ Fall ☐ Spring Year _____

Graduate Program Applied To: _____

Email: _____ Daytime Phone: _____

Please review the Admissions Appeals Process before submitting your appeal. You must submit ONE COMPLETE PACKAGE including: this Admission Appeal Request form, a letter of appeal detailing your extenuating circumstance (e.g., hospitalization, military service, family crisis), and supporting documentation that substantiates your appeal. You must document your extenuating circumstances. Only complete appeals will be considered. Do not submit letters of recommendations, or copies of awarded honors.

CHECK ONE BOX BELOW TO INDICATE THE REASON FOR THE APPEAL

Missed Deadline Appeal

- ☐ Request to submit late admission application
- ☐ Request to submit late fee
- ☐ Request to submit late transcripts, documents, or test scores
- ☐ Request to submit a late Intent to Enroll
- ☐ Other: _____

Admission Decision Appeal

- ☐ Request for re-evaluation of denied admission
- ☐ Request for reinstatement of admission. Admission was cancelled or rescinded.
- ☐ Other: _____

THE FOLLOWING APPLIES TO ALL TYPES OF APPEALS

1. All appeals must be received by CSUSM within 15 days of date of the "missed deadline," or "deny" notification/communication from the CSUSM Office of Admission. Students who are appealing their denied status may only submit one appeal per admission term.
2. Appealed decisions will be provided within 6 weeks of submission of a completed appeals package.
3. Admissions appeals will be decided by the graduate program coordinator. Appeal decisions are final and non-negotiable.
4. Applicants will be notified of the appeals decision by e-mail using the address on file in the CSUSM Office of Admission. To confirm or update your mailing address, please go to www.csusm.edu/portal
5. E-mail the complete appeals package with supporting documentation to: admissionsappeals@csusm.edu

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____