

ADMISSION APPEAL REQUEST

Office of Admissions and Recruitment

Student Name (FirstName LastName)		Cal State LA CIN (If none, enter 000000000)
Email (Please regularly check this email address)		Phone (###) ###-####
Term: Fall Spring Summer Year:	Major/Program:	
Appeal Type:	Amaliaant Tomas	
Admission Decision	Applicant Type:	
	Are you an internatio	nal applicant (F-Visa)? No Yes
Late Application	IMPORTANT:	
Late Documents	You must include supporting Examples: Transcripts, test so	g documents with your appeal. cores, receipts, letters, etc.
Late Enrollment Confirmation Deposit		te Application Appeals must also include a letter
Other:		department to which you are seeking admission.
Appeal Statement: Briefly explain what and why you are appealing and include any new information. (250 words max.)		
Student Acknowledgement and Cert	ification	
By signing below, I confirm that everything I have shared in this appeal is true, complete, and my own. I understand that if any information is false or missing, my admission, transfer credit, or enrollment could be denied or canceled. I give Cal State LA permission to check the information I have provided. I know it is my responsibility to meet all deadlines and requirements for the term I am appealing to. Appeals are reviewed only once, and the decision is final. I also understand I cannot submit another admission appeal for the same term.		
Signature	Date	
DEMINDED: Also attach cupporting docum	manta Incomplete anneal	analysta will be assessed

- Admission Decision Appeal transcripts, test scores (if any)
 Late Application Appeal transcripts, test scores (if any), and if applicable, letter of support
 Late Documents Appeal transcripts, test scores (if any), order receipts
 Late ECD Appeals payment receipt, and if not yet submitted, transcripts with order receipts
 Other Appeals transcripts, test scores, and any documents you feel will support your appeal