



## 2019 EARLY START PROGRAM APPEAL

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
CIN#

\_\_\_\_\_  
Cal State L.A. E-mail

\_\_\_\_\_  
Personal E-mail

\_\_\_\_\_  
Phone 1

\_\_\_\_\_  
Phone 2

I am unable to complete \_\_\_\_\_

**(Course name and number)**

Please explain why and attach supporting documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I understand that the Early Start Program at Cal State LA is a requirement that I must fulfill. I also understand that if my appeal is not granted, I will be unable to attend Cal State LA in the fall.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Staff Notes:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Action Taken:* \_\_\_\_\_

\_\_\_\_\_