

## **Undergraduate International Admissions Appeal**

Please print legibly

		10 N. saskans
Name:		ID Number:
E-mail Address:	Phone Number:	
Major:	Current School (Trans	fer Only):
=======================================	Applied as a: $\Box$ Freshman	======================================
	Spring (Year) Fall	
	itted within 15 days of the date of notification ted to one appeal per academic term. Decision	of being notified from the International
<ul> <li>Incomplete appeal packets</li> <li>Submit the appeal packet v</li> <li>E-mail to: intladmissions@</li> </ul>	will be denied and cannot be re-submitted.  vithin 15 days:  csufresno.edu and include documents as attace eceived your appeal packet will be emailed wit	chments in PDF format
resubmitted.  1. Completed Ad 2. Personal State 3. Supporting do	n ONE COMPLETE PACKET. Incomplete packets missions Appeal Form ment detailing the explanation for the appeal.	will not be considered, and the appeal may <b>not</b> be sommendation from high school principal for first time freshmer er.
I acknowledge and understand the	e following:	
<ul> <li>An email notification</li> </ul>	mation on this form and in any supporting docu confirmation will be sent out acknowledging th on with the decision of the appeal. national Admissions Office is authorized to veri	e request followed by a review. Finally, you will receive email
Student Signature	Date	
☐ Appeal Approved☐ Appeal Denied	OFFICE USE ONLY  Comments	
Authorized Signature	Date	E-mail Sent