

## FRESHMAN ADMISSIONS APPEAL FORM

Name: \_\_\_\_\_ Dolphin ID#: \_\_\_\_\_

Term of Application:      Fall or              Spring              Year: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number #: \_\_\_\_\_

Current School Attending: \_\_\_\_\_

### **INSTRUCTIONS:**

1. Attach a typed statement that explains your reason for appealing. The personal statement must be completed by the applicant. In order for us to best understand the nature of your appeal, please use proper grammar and punctuation.
2. Include documentation to verify any claims made in your statement regarding hardship, illness, or other extenuating circumstances. A personal statement does not constitute documentation. Letters of recommendation will not be considered. **IMPORTANT: Documentation related to sensitive personal or medical issues should be the minimum necessary to understand your hardship, illness, or other extenuating circumstance. Documentation will NOT be returned, so please do NOT submit original copies.**
3. If our email states that your admission was DENIED due to not being CSU eligible, then the following documents must be **ATTACHED along with the completed Appeal form AND emailed to [admissions@csuci.edu](mailto:admissions@csuci.edu)** within **15-business days** of the date on your Denial Notice:
  - A copy of your high school transcript with sixth-semester grades posted. If you took college courses, then you will also need to include a copy of your college transcript.
  - Enrollment verification of courses enrolled for the final semester or course grades (if not listed on your transcript).
  - A copy of any AP/IB test scores (if applicable).
4. If our email states that your admission was rescinded or cancelled because you failed to meet an admission requirement(s), then the following documents must be received by CSUCI within **15-business days** of the date on your Rescind/Cancellation email:
  - Official Transcripts not previously submitted **directly** to CSUCI from all high schools and colleges attended.
  - Test scores that were not previously submitted directly to CSUCI by your school or test provider (AP/IB test scores, if applicable).

- For individuals with disabilities must provide supporting documentation and historical verification of their disability. CSUCI will evaluate disability documentation using guidelines established by the California State University (CSU) system. All appeals are reviewed on a case-by-case basis.  
**IMPORTANT: Documentation will NOT be used to determine accommodations if your appeal is successful. Students must contact Disability Accommodation and Support Services (DASS) to request services. Documentation provided as part of your appeal packet will NOT be shared with DASS but will be treated in a professional and confidential manner.**
- If you missed the deadline for submitting final official transcripts and/or official AP test scores, you must submit a Request for an Admissions Appeal within 15-business days from the deadline noted in the Admissions Rescind email. Failure to adhere to deadlines is not likely to be viewed favorably by the Admissions Appeal Committee. Students are responsible for complying with all deadlines and instructions listed on our website.

Email your completed appeal packet to [admissions@csuci.edu](mailto:admissions@csuci.edu). Submit official transcripts by mail or electronically to the address listed below. Due to the high number of appeals we receive, we are unable to confirm receipt of your appeal.

### MAILING INSTRUCTIONS

Mail (faxes will **NOT** be accepted) this form and supporting documentation to:

Admissions Office  
RE: Admissions Appeal  
CSU Channel Islands  
Sage Hall 1020  
One University Drive  
Camarillo, CA 93012-8599

If you are determined to be admissible, you will receive an e-mail from the appeals committee. If your appeal is not successful, then you will receive an e-mail notifying you of the outcome. **Please allow 4 weeks for processing.**

*I have read the Admissions Appeals Process and above instructions and understand that I must submit all **documentation by the stipulated deadline** or my packet will be considered incomplete. I further understand that incomplete packets will be automatically denied and no further appeals will be allowed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY		
Reviewer:	Date Reviewed:	Admissible: Referred to Committee on:
Notes for Committee:	Date Reviewed by Committee:	Appeal Granted by Committee: Appeal Denied by Committee:
Date Notification Sent:	Notification sent by:	
Date PeopleSoft updated:	Admission Basis Code/Exception Reason:	