

# **CHECK WITH THE UNIVERSITY THAT YOU APPLIED REGARDING THEIR APPEAL DEADLINES**

***SOME APPEALS MUST BE SUBMITTED WITHIN 15 BUSINESS DAYS OF THE NOTICE OF ADMISSION DECISION***

Date

University Appeals Committee  
University address  
City, State, Zip Code

To Whom It May Concern:

RE: Admission Appeal

## **(Introduction of the letter)**

This is a letter of appeal for **Name (College ID Number-Not COS Banner ID Number)** regarding denied admission to Name of University for Term Year (ex: Fall 2017).

## **(Body of the letter)**

- State the reason you were given that you were denied from the University. (Note: Failure to meet the established admission criteria, or related deadlines, will negatively affect your admission/enrollment eligibility and may not be appealed.)
- Provide **NEW** information or clarify information that impacts the decision (ex. met requirements of TAG, major courses not offered at the college, medical situation, military deployment, etc.) and/or that you did not miss any admission and enrollment related deadlines.
- Include any background information or any additional information you think that they should know that may influence your admissions (relevant/pertinent academic or personal information)
- Include any additional documentation that is necessary (medical form, military documents, etc.)

## **(Conclusion)**

Thank you in advance for your re-evaluation. Please feel free to contact me if you have any questions or require any additional information.

Sincerely,

Name

Phone

Address

Email