



Request to Appeal Denial of Admission Form

The form must be submitted to the Systemwide Director (CalStateTEACH, CSU Chancellor's Office, 6th Floor, 401 Golden Shore, Long Beach, CA 90802), postmarked within 15 business days of the date of notification of the denial of admission.

Personal / Contact Information:

Name:	ID#:
Home Phone:	Cell Phone:
Mailing Address:	Email Address:

Denial of Admission Appeal Information

Regional Center:	Term:
I am appealing this denial of admission because I believe that it is:	
<input type="checkbox"/> Erroneous. <input type="checkbox"/> Based on capricious or prejudicial evaluation of my application. <input type="checkbox"/> Arbitrary. <input type="checkbox"/> It is not in alignment with established admission criteria.	

The Systemwide Appeals Board includes student members. These members may participate in a denial of admissions appeal only if you consent to this.

I hereby authorize student members of the Systemwide Appeals Board to have access to information and materials contained in my program records.

Signature

Date

Attach a statement that details the reason for the appeal and the evidence in support of the claim. Attach a copy of the notification of your denial of admissions and all relevant documents.

Signature

Date