

Office of Graduate Studies

5500 University Parkway CE-356 San Bernardino, CA 92407 Office: (909) 537-5058 gradadmissions@csusb.edu

GRADUATE ADMISSION APPEAL FORM

Directions:

- 1. Complete this Graduate Admission Appeal Form.
- 2. Provide an explanation for your appeal and include any extenuating circumstances that may have affected your eligibility.
- 3. Email the Graduate Admission Appeal Form to gradadmissions@csusb.edu.

Student Information:				
Name:			Coyote ID:	
Coyote Email:			Phone:	
Graduate Program:				
Reason for Appeal:				
I understand that this a	ppeal request does no	ot guarantee m	v admissions to CSUSB.	
Student Signature:			Date:	
Appeal Decision:	Approved	Denied		
Reason for Decision:				
Program Coordinator:			Date:	
Interim Associate Dean of Graduate Studies:			Date:	