

GRADUATE ADMISSION APPEAL FORM

REQUIRED

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.

STUDENT INFORMATION

Name: _____

Coyote ID: _____

Email: _____

Phone: _____

REASON FOR APPEAL

I understand that this appeal request does not guarantee my admission to CSUSB.

Student Signature: _____ Date: _____

APPROVAL SIGNATURES

Program Coordinator: _____ Date: _____

Appeal Decision: Approved Denied

Faculty Director of Graduate Studies: _____ Date: _____