

# Admissions Appeal Form



This form may be submitted in response to a denied application for admission. In order for your appeal to be reviewed, all questions and sections must be fully completed. Incomplete or illegible appeals will not be considered. Following submission of your appeal, the Director of Admissions and/or a review committee will issue an official, final decision in writing. This decision may be expected within two weeks and may contain provisions for continued or full admission. It is your responsibility to be thorough in your responses and follow through with any and all provisions that may be attached to an approved appeal.

## Part I: Student Information

All information below should match the original application as closely as possible. Non-matches may slow the appeal process.

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Degree Type: AA BA BS MAP MS PsyD Semester: Fall Spring Summer

Major: \_\_\_\_\_ Year: \_\_\_\_\_

Have you submitted an appeal at APU before?  Yes  No

Have you completed an application for financial aid (FAFSA)?  Yes  No

Have you applied for campus housing?  Yes  No

## Part II: Student Response

Please carefully read and respond to the questions below. Your answers, writing style, and display of critical thinking will be used in part to determine the outcome of your appeal. You may write your answers below or attach them to this form.

1. Please identify your greatest personal and academic strengths. List 2-3 examples.

2. How will these strengths play a role in your success as an APU student?

3. What has been most influential in your decision to attend APU?

4. What are your plans following completion of a degree program?

5. Explain any additional information that may not be found on your application, transcripts, resume, goal statement, or this questionnaire that may be useful for staff/faculty in making an admissions decision.

### Part III: Terms

Please read and initial each of the following before signing at the bottom. Submit the complete form to your Admissions Counselor along with any other supporting documents you feel may aid in the decision. Your Admissions Counselor will forward your appeal to the appropriate office for review.

Initial Below:

\_\_\_\_\_ I understand that an approval of this appeal may contain provisions such as additional testing, remedial course work, or other special academic requirements. It will be my responsibility to complete any and all requirements within the specified time frame(s) and to the satisfaction of the appropriate University official(s).

\_\_\_\_\_ An approved appeal may only be honored in the specific term for which the appeal was submitted and may not carry forward to any future term for which admission requirements or appeal provisions are not met.

\_\_\_\_\_ I understand that financial aid, including loans, grants, and scholarships, may be withheld until full admission is granted and that some remedial coursework may not be eligible for financial aid. It will be my responsibility to ensure my account with the University is paid in full by the appropriate deadlines or incur penalties as noted in the University catalog.

*By signing below, I state that the provided information is truthful and correct to the best of my knowledge.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Part IV: To Be Completed by Admissions Counselor**

Admissions Counselor: \_\_\_\_\_

Extension: \_\_\_\_\_

Please explain why application does not meet minimum requirements:

GPA: \_\_\_\_\_  Test Scores: SAT \_\_\_\_\_ / ACT \_\_\_\_\_

Other (Note Below):

\_\_\_\_\_  
\_\_\_\_\_

Do you support this appeal?  Yes  No

If "No," please state why: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Admissions Counselor Signature

\_\_\_\_\_  
Date

**Part V: Administration**

Wherein the appeal pertains only to one deficient area (GPA 1.75—2.49 or Test Scores SAT 800-1019/ACT 15-22), only the approval of the Admissions Director is required. Should the applicant be deficient in more than one area (GPA and Test Scores) or beyond the ranges noted above, the approval of the Admissions Director and appropriate department chair will be required. Should the student record reflect removal from a program for academic dishonesty or conduct-related offenses, the signature(s) of the Academic Dean and/or Dean of Students will be required in addition to the above.

Approve

Deny

\_\_\_\_\_  
Director of Admissions (required)

\_\_\_\_\_  
Date

Requires Departmental Approval  Yes  No

Requires Dean Approval  Yes  No

Academic Dean

Dean of Students

Approve

Deny

\_\_\_\_\_  
Dept. Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Dean/Dean of Students

\_\_\_\_\_  
Date

Comments/Provisions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_