## **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: ☐ Cert ☐ AA ☐ BA ☐ BS	Semester: □ Fall □ Spring □ Summer
Major:	Year:
Have you submitted an appeal at APU before?	Yes No
Have you completed an application for financia	al 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 be	en most influential in your decision to attend APU?	
4. What are yo	ur plans following completion of a degree program?	
	additional information that may not be found on your appli his questionnaire that may be useful for staff/faculty in ma	
along with any ot	IS  Initial each of the following before signing at the bottom. Submit the content supporting documents you feel may aid in the decision. Your Admister office for review.	
	I understand that an approval of this appeal may contain provisions su work, or other special academic requirements. It will be my responsibi within the specified time frame(s) and to the satisfaction of the approp	lity to complete any and all requirements
	An approved appeal may only be honored in the specific term for whic carry forward to any future term for which admission requirements or	
	I understand that financial aid, including loans, grants, and scholarship granted and that some remedial coursework may not be eligible for fir ensure my account with the University is paid in full by the appropriate the University catalog.	nancial aid. It will be my responsibility to
By signing below,	I state that the provided information is truthful and correct to the best	of my knowledge.
Student Signature		Date

## Admissions Counselor: Please explain why application does not meet minimum requirements: □GPA: □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 a GPA 1.75-2.49, only the approval of the Director of Admissions is required. Should the applicant be deficient in GPA beyond the ranges noted above, the approval of the Director of Admissions and the Program's Institute Director will be required. Should the student record reflect removal from a program for academic dishonesty or conductrelated 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 **Institute Director Approval** Date Academic Dean/Dean of Students Approval Date Comments/Provisions: -Must meet with an academic advisor prior to registering for classes. -Must have a 2.0 or greater APU GPA (meeting Satisfactory Academic Progress) by the end of the first academic year. **Full Admit Provisional Admit Probational Admit** Type of Admission:

Part IV: To Be Completed by Admissions Counselor