



Date Stamp from the Department of
Secondary Education
Give the student a copy of the
stamped form.

**California State University Fullerton
Department of Secondary Education**

Request to Appeal Form

All parts of this form must be completed. The form must be received by the Director of Admissions, College of Education (CP600, CSUF, PO Box 6868, Fullerton, CA 92834), within 10 academic workdays of the date appearing on the notification of denial of admission to the program. Please type or legibly print the required information. If you need additional space to complete your answers, please continue on separate, attached pages. In addition to your written statement, please provide any additional relevant supporting documentation.

Your full name _____ CWID _____

Credential Program _____

Your Mailing Address _____

Your City _____ Zip code _____

Your e-mail _____ Your home phone (____) _____ - _____

1. Explain the basis of your appeal and why you believe that your denial is unjustified.

2. How are you delivering this notice to the Director of Admissions, Single Subject Credential Program?

- By hand to the office
- By U.S. mail
- By Email

Attach a copy of the notification of your denial for admission to the program to this appeal form.

Your signature_____

Date_____