

EOP Appeal Request

STUDENT INFORMATION SDSU RedID					
Applican	t Name				
				Middle	Maiden
Email			Daytime Phone:		
Term: ENTRY :	☐ Fall / Year ☐ S	pring / Year	Major:		
Select o	ne: 🗆 Freshman 🗅 Transfer				
REASO	N FOR APPEAL				
letter of a	elect reason for your appeal from the opt appeal detailing your extenuating circums All appeals must be accompanied with a s ONE BOX BELOW TO INDICATE THE F	tance (e.g. hospitalization supporting statement to ex	, military service, family crisis), and plain why you are appealing.		
	SED DEADLINE				
	Request to submit late admission appli	cation (missed January 1	5th deadline to apply: must submit	paper application with yo	our appeal)
	Did not submit financial aid application	by January 5th	,		,
	Request to have the application rolled	over to a future term	□ Fall or □	Spring	
	Other				
EOF	ADMISSION DECISION				
	Request for a re-evaluation of denied admission				
	Request a re-consideration of generation status/parent education level(s)				
	AB540 Student				
	Other				
APPEAL	LS INSTRUCTIONS				
1.	All appeals must be received by EOP b their denied status may only submit one			or to the first day of school	ol. Students who are appealing
2.	Appeal decisions will be provided within 6-8 weeks after the submission of the complete appeals package. Note: Depending on the volume of appeals received by EOP, appeal decisions could exceed 8 weeks. All decisions will be made before the start of the fall term.				
3.	Applicants will be notified of the appeals decision by email and using the email address on file in the SDSU WebPortal or the email address noted on the EOP Appeal Request form. To confirm or update your email address, please go to www.sdsu.edu/portal.				
4.	Complete the EOP Appeal Request form and appeal letter along with supporting documentation (e.g., hospitalization, military service, family crisis) that substantiates your appeal. Explain how the services and resources of EOP will support you at SDSU as you attain your degree.				
5.	Review the EOP eligibility requirements at http://eop.sdsu.edu and verify your Estimated Family Contribution (EFC), which is determined by the Office of Financial Aid and Scholarships (OFAS) at http://sdsu.edu/aidlink before submitting your appeal.				
6.	Mail complete appeals package with supporting documentation to:	Educational Opportun Attn: Appeals Review San Diego State Unive	-		
	or email to eopadmis@sdsu.edu	5500 Campanile Drive San Diego, CA 92182-8	3222		
By signir	ng below, I acknowledge that I have read	the instructions above and	t that all required documents are s	ubmitted for a full recons	ideration of my EOP eligibility.
Applica	nt Signature			Date	

APPEAL LETTER: PLEASE INCLUDE OFFICIAL LETTER OF APPEAL IN THIS SECTION Please type in letter or copy text from a Word document into this box. **OFFICE USE ONLY** Date Received ■ Upper Division ☐ Freshman □ Transfer

□ Approved

Denied

Reason

EOP.Forms.03.11.20