

Freshman Appeal Form

The Admission Appeals Committee will review an appeal once all required information has been received by the Office of Admission. All appeal materials must be received **30 days prior** to the start of classes for the term for which admission is requested. Appeals received after this deadline cannot be guaranteed a review.

Name: _____

Current Address: _____

City, State, Zip: _____

Date of Birth: _____

Daytime Phone: _____

Email: _____

Semester you applied to enter: ☐ Fall ☐ Spring ☐ Summer Year _____

Letter of Explanation

Please submit a letter of appeal answering the following questions:

- Why are you interested in attending North Dakota State University?
- Explain any extenuating circumstances you believe warrant additional consideration.
- Use supporting evidence to describe how you plan to be successful at NDSU.
- Any additional new and relevant information the committee should consider when reviewing your appeal.

Letter of Recommendation

- Please include a letter of recommendation that identifies evidence of your ability to be successful at North Dakota State University.

SIGNATURE REQUIRED

I understand that my appeal will be reviewed after the Freshman Appeal Form and my Letter of Explanation and Letter of Recommendation have been received by the NDSU Office of Admission. I understand that submitting an appeal does not guarantee admission to NDSU and that my request for reconsideration will be determined by the Admission Appeals Committee.

Signature

Date

Mail completed form and attachments to:

Office of Admission
Dept. 2832, PO Box 6050
Fargo, ND 58108-6050

For Office Use Only

EMPL ID: _____

Date Received: _____