Freshman Appeal Form

Name: ______________________________________________________________________________________

Current Address: ______________________________________________________________________________

City, State, Zip: ________________________________________________________________________________

Date of Birth: __________________________________________________________________________________

Daytime Phone: ________________________________________________________________________________

Email: ________________________________________________________________________________________

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

Letter of Explanation
Please submit a letter of appeal and address the following:

• 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. The letter must accompany this form.

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: OR Email completed form and attachments to:
Office of Admission
Dept. 2832, PO Box 6050
Fargo, ND 58108-6050
ndsu.admission@ndsu.edu

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