If you have not already done so, please submit the following items with this appeal form:

- A completed application form
- A check for the $35 application fee
- Official transcripts from each college you have previously attended
- A list of courses in progress if not listed on the transcript from your present school
- A high school transcript and ACT or SAT scores for applicants who have completed fewer than 26 transferable credits at the time of application

Please answer the following questions on a separate sheet of paper and turn in with the items listed above.

1. Please explain any extenuating circumstances that caused your application to be submitted late.

2. Please provide the GPA, prerequisite courses and credit total required for your proposed major. Do you meet these requirements?

3. Please indicate why the following options for next semester would not work for you:
   - Remain at your present college and transfer after the semester.
   - Enroll in classes through the College of Continuing Education at the University of Minnesota.

4. Letters of recommendation may be included but are not required. Please indicate if any letters will be sent separately.

5. Please include any additional information that is relevant to your request for a late review of your application.

Notification
You can expect to receive a decision on your appeal within two weeks after we receive all required information. Late application appeals are considered with reference to space limitations in programs, time available to prepare documents for orientation and registration advising, and the information submitted by the applicant. If it is not possible to consider you for the term you wish, we will offer to update your application for the next available semester.

Please return all request forms to:
CLA Admissions Appeal Committee
University of Minnesota
240 Williamson Hall
231 Pillsbury Drive S.E.
Minneapolis, MN 55455-0213

If you have any questions, you may call 612-625-2008 or 1-800-752-1000 and speak with a CLA Admissions Counselor.

Thank you for your interest in the University of Minnesota.
We will give you a decision as soon as possible.
Name: ________________________________________________________________
Address: __________________________________________________________________
________________________________________________________________________
Social Security Number*: __________________________________________________
U of M ID Number: _______________________________________________________
Date of Birth: __________________________________________________________________
Daytime Phone Number: _____________________________________________________
Evening Phone Number: _____________________________________________________
E-mail Address: ____________________________________________________________
Semester seeking admission:
❑ Fall Semester  ❑ Spring Semester  Year: 20____

❑ Section One
You must include the $35 application fee, official transcripts from all colleges previously attended, a list of courses in progress if not listed on the transcript, and if you have completed less than 26 semester credits at the time applying, please include a high school transcript along with your ACT or SAT scores.

❑ Section Two
Optional letters of recommendation/support from the following person(s) are enclosed with this form:
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
   _____ No letters of recommendation are enclosed.
   _____ Letters of recommendation are going to be mailed separately.

❑ Section Three
You must include answers to the questions from the other side of this application form typed on a separate sheet of paper.

I understand that my appeal will be reviewed after the appeals form is completed, all of the questions have been addressed, and any optional letters of recommendation/support that are being sent separately have been received in the Office of Admissions.

Signature _______________________________ Date __________

* Submission of social security number is voluntary and will be used for positive identification only. There are no consequences for not providing this information.