



Admission Decision Appeal Coversheet

Student Name: _____
(first name) (middle name) (last name)

NetID: _____

Student Address: _____

(city) (state) (zip)

The following information will be submitted as my formal admission decision appeal:

- Most recent official transcript from high school or current institution (in a sealed envelope by the institution).
- Official SAT or ACT results indicating a significant improvement in score (freshmen applicants).
- One letter of recommendation from a current instructor or academic advisor supporting your decision to appeal and why. (Additional letters of recommendation will not be considered).
- First choice regional campus applicants only: I mistakenly applied as a first choice regional campus applicant. I would like my application to be considered for the Storrs campus.

Reason for appeal and desired outcome:

PLEASE NOTE: This form must be completed within 15 days of the date printed on your decision letter to be considered for appeal. Once all of the required documents are received for your appeal, it will be reviewed by the Admissions Committee who will make a final decision. Students will be notified of appeal decisions in late spring.

Student Signature: _____ (date)

This completed Admission Appeal Coversheet and supporting materials should be sent directly by postal mail to:

University of Connecticut
Office of Undergraduate Admissions
Attn: Appeal Process
2131 Hillside Road, Unit 3088
Storrs, CT 06269-3088