

## Faculty Senate Admissions Committee Appeals Application Form

Full Name: \_\_\_\_\_  
Last                      First                      MI                      Former Name(s) (if any)

Social Security Number or UNLV Student ID (L#): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you been officially denied to UNLV?  Yes  No

Have you been working with a specific staff member in the Office of Admissions on your appeal? If yes, please list his/her name: \_\_\_\_\_  Yes  No

The Faculty Senate Admissions Committee meets monthly to review files for students who appeal their admission decisions. All documents must be received at least one week prior to the committee meeting. To appeal your decision, you must submit the following documents. **Please place a check mark beside the document(s) you have submitted or will be submitting with this application.**

- One personal statement** explaining the circumstances surrounding your academic performance.
- Two letters of recommendation**, preferably from teachers, counselors, or officials who can address your academic abilities.
- A copy of your ACT or SAT test score** (unofficial copies are accepted)  
Students with 24 or more transferable credits are not required to submit test scores; however, it is highly recommended.

Fax, mail, **or** e-mail this form and your supporting documents to:

**Faculty Senate Admissions Committee Liaison**  
 4505 S. Maryland Parkway, Box 451021  
 Las Vegas, NV 89154-1021  
 Phone: 702-774-UNLV (8658) Fax: 702-774-8008  
 appeals@unlv.edu

### Statement of Release

*I certify the information provided on this application is accurate and complete. I fully understand that these transcripts and/or documents are not returnable and cannot be reproduced. Furthermore, I agree to abide by all the rules and regulations of the University of Nevada, Las Vegas.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*The University of Nevada, Las Vegas, does not discriminate on the basis of age, race, color, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, veteran status, or disability in the admission, employment, or operation of its educational programs. Inquiries concerning compliance with federal and state laws prohibiting such discrimination should be directed to the university's Office of Diversity Initiatives.*

### For Office Use Only:

Document(s) Received

- Personal Statement
- Letter #1
- Letter #2
- Test Scores

Letter #1 Name: \_\_\_\_\_

Letter #2 Name: \_\_\_\_\_

Submitted for meeting date:

\_\_\_\_\_

Loaded into ODIA:

- Yes
- No

ODIA shows application now:

- Complete
- Incomplete

Received by: \_\_\_\_\_

Date Stamp

