

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)
 All students must provide test scores, however, if scores can not be submitted, an explanation of why must be included in the personal statement.

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

