INSTRUCTIONS TO APPEAL A DENIED ADMISSION APPLICATION FEE WAIVER

You are not eligible for the admission application fee waiver because your reported income (or your parent’s income if you are dependent) is above the qualifying levels for the household size you reported, or there was missing or conflicting information on one or more fee waiver applications that you submitted.

You may file an appeal with the Financial Aid Office if there was missing and/or incorrect information on your fee waiver application, or you/your family have special circumstances affecting your ability to pay the $55 application fee. If you are applying to multiple CSU campuses, an appeal will need to be filed with each campus that denied your fee waiver request. Please check with each campus for their appeal procedures. There is a limit of four approved fee waivers per application cycle. If you are applying for admission to more than four campuses and have already been approved for four fee waivers, you would need to pay the $55 fee to each campus above four.

Provide the following information on a typed, dated, and signed statement by you (and your parents if you are considered dependent):

- Give specific details of the special circumstances for which you are appealing the denied admission application fee waiver.
- List all the members of your/your parents’ household (including you) who will receive more than half support from you/your parents during the academic year for which you are applying for admission. Give each family member’s full name, age, date of birth, their relationship to you, and name of their college if they will be attending at least half-time in the same academic year to which you are applying.
- State the respective total pre-tax income for you/your custodial parents for the current calendar year;
- Include documented proof of the hardship situation(s) being described and your/your parents’ current year-to-date income from all sources. Include any other documentation that verifies the hardship situation of you and/or your parents.
- Provide your full name, date of birth, Sac State ID (if you have one), and email address so we can notify you of the decision.

Send the above (along with a copy of this letter) to the Financial Aid Office Counseling Unit at Sacramento State, 6000 J Street, Sacramento CA 95819-6044 within 14 calendar days of your receipt of this letter. Allow a minimum of two (2) weeks for a decision to your appeal.

If you choose not to appeal or if your appeal is denied, please send a check or money order for $55 payable to Sacramento State labeled “Admission application fee for 2013/14”. Provide your full name, date of birth, Sacramento State ID if available, and your admission application confirmation number for our reference.

Thank you.

FINANCIAL AID OFFICE
COUNSELING UNIT