PATRICIA A. CHIN SCHOOL OF NURSING APPEAL PROCESS/INSTRUCTIONS

Appeals must be submitted in writing, and include a basis for the appeal, and supporting documentation. Decisions are rarely overturned and are considered only for extraordinary reasons beyond the control of the applicant.

Applicants submitting appeals will be notified via e-mail regarding the final appeal decisions, and are advised not to change their existing college or educational pursuits while waiting for the appeal decision. The University uses e-mail as the official means of communication, so please verify that your e-mail address on is accurate. **Appeals will be considered once, and decisions rendered are final and non-negotiable.**

In preparing your appeal, please keep this in mind:

- Letters of recommendation will not be considered.
- Appeal letters explaining the basis for the appeal must be written and submitted by the applicant.
- Applicants may only submit one appeal type.
- Appeal packet must be clear and compelling when submitted.

For all appeals, be aware of the following:

1. Appeals will be considered once, and decisions rendered are final and non-negotiable.
2. Appeal packets must include:
   - A completed PACSON Appeal Form;
   - Letter of Appeal that explains the basis for the appeal, which may include how you meet the requirement, or how an extenuating circumstance prevented you from meeting the requirement; AND
   - Documentation to support your appeal (e.g., transcripts, test scores, doctors note, etc.)
3. Incomplete packets will not be considered and will not be returned for completion. They will be automatically denied, and an appeal cannot be re-submitted for the same term.
4. Depending on the type of appeal, decision might take between 5 to 7 business days
5. Submit the completed appeal packet to: Schoolofnursing@calstatela.edu

California State University, Los Angeles
Patricia A. Chin School of Nursing (PACSON)

PACSON APPEAL FORM

Applicant Name: _____ CIN: _____

Email Address: _____ Phone #: _____

Responses to appeal requests are sent via email. Current Term/Year #: _____

TYPE OF STUDENT: *check box(es) that apply*

☐Current Cal State LA Pre-Nursing Student

Admission term/year_____

☐Current Cal State LA Nursing Student (check program) ☐ABSN ☐BSN ☐MSN ☐PM ☐DNP

☐Prospective Transfer Applicant

APPEAL TYPE: *check box that applies*

☐Withdrawal from a pre-requisite course(s)

☐Pre-Nursing student applying off sequence from roadmap (submit appeal 1 month prior to application opening)

☐Re-take a pre-requisite course (NOTE: the B or better rule is not appealable)

☐Re-take a Nursing course

☐*Other: _____

* current Nursing students follow up with your program coordinator before submitting an appeal

Submit ALL of the following documents in **ONE COMPLETE PACKET.**
An incomplete packet will not be considered, and it will not be returned for completion. It will be automatically denied, and an appeal cannot be re-submitted for the same appeal type.

1. This completed Appeal Form;
2. Letter of Appeal: Explains the basis for the appeal, and it must include how you meet the requirement, or how an extenuating circumstance prevented you from meeting the requirement; and
3. Documentation to support your appeal (e.g., doctors note)

CERTIFICATION:

My signature certifies the accuracy and completeness of the information provided. I further certify that all documents submitted in support of this application are authentic and unaltered records that pertain to me. Any misrepresentation or omission may be cause for denial. I authorize Cal State LA Patricia A. Chin School of Nursing to verify information that is submitted for this appeal request.

I understand that if I am appealing an Admission/Enrollment concern, I am still responsible for meeting deadlines and other obligations that pertain to the desired admission term. An appeal is only considered once, and the decision rendered is final and non- negotiable. I also understand that regardless of the reason, I may not submit another appeal for the same situation.

Student Signature:_____ Date: _____

FOR SCHOOL USE ONLY

Appeal received on: _____

☐Reviewed by program coordinator _____ Date: _____

☐Reviewed by Director _____ Date: _____

☐Appeal Approved | Conditions (if applicable)

_____

☐Appeal Denied for the following reason(s):

_____