

## REQUEST FOR RECONSIDERATION ADMISSION LEVEL AND/OR SCHOLARSHIP AWARD

Student's Full Legal Name: \_\_\_\_\_ CMU ID#: 700- \_\_\_\_\_

Permanent Address (Street, City, State Zip): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Check all boxes below that apply:

#### Request for Reconsideration:

- Admission Level
- Scholarship Award

#### New Documents Provided:

- GPA Improved\*\*
- SAT/ACT Test Scores\*\*\*
- Class Rank Improved\*\*

\*\*CMU requires official transcripts received directly from your learning institution.

\*\*\*Test scores must include full name, test date and full test results.

### Please provide an explanation detailing the reason(s) for your request:

(Attach separate document if more space is required)

### Actions Required: (You must check all items before submission)

- I have confirmed with my CMU Admissions Counselor that my updated documents have been attached to my account.\*
- I understand the Committee's decision is final and cannot be overturned or re-appealed.
- I understand submission of appeal does not guarantee approval.
- I have completed this form entirely, checked all applicable boxes.

#### Certification Statement:

All of the information provided with the submission of this appeal is true and complete to the best of my knowledge. If necessary, I agree to provide further proof of the information that I have given, and that my appeal may be denied for failure to substantiate my circumstances or for lack of documentation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Committee's decision will be based upon documentation that is on file at the time this Request for Reconsideration is received.