

Appeal of Admissions Decision

Contact Info		
ast Name	First Name MI UL	M Campus-Wide ID (if former ULM student)
rate of Birth (mm/dd/y	(En	nail Address
treet Address	City/State/Zip Se	mester/Year Applying for (i.e., Fall 2018)
Part I		
YES NO		ULM USE ONLY
Have y	ou been offered/awarded a ULM athletic scholarship?	Verified by:
Have y	ou signed a National Letter of Intent for ULM?	Verified by:
Have y	ou been offered/awarded a ULM Talent Grant (band, art, etc.?)	Verified by:
Have you previously attended ULM? If so, list semester(s)/year(s):		
If you answered "NO" to ALL of the above, proceed to Part II. If you answered "YES" to ANY of the above, please sign and date below.		
iignature		Date
Part II		
Please provide a brief statement indicating your reason(s) for this appeal and why you believe you will be a successful student at ULM if given this opportunity. Attach a separate sheet if necessary. Is either parent a ULM graduate? YES NO If "YES", please provide the following information:		
ather's full name w	hile in attendance at ULM	
Mother's full name (include maiden name) while in attendance at ULM		
Father's Campus-Wide ID (CWID) number Mother's Campus-Wide ID (CWID) number		
Submit this form with any supporting documents and/or letters of recommendation to: ULM Office of Admissions, 700 University Ave, Monroe, LA 71209 or fax to (318) 342-3553. Transfer students with less than 18 credit hours must submit official copies of their high school transcript and official ACT/SAT scores (sent directly to ULM from ACT/SAT).		
Signature		Date
You will be informed of a decision within ten (10) business days of receipt of your appeal documents. For information regarding your appeal or its status, please contact the ULM Office of Admissions at admissions@ulm.edu or (318) 342-5430.		
ULM USE ONLY: Approved Denied Date:		