



MADISON COLLEGE ADMISSIONS

Program Admission Appeal Form

INSTRUCTIONS - Program applicants who have been denied acceptance due to unmet admissions requirements may appeal the decision and request re-evaluation of their application and credentials. **Applicants must appeal within 45 days of denial letter date or by the program application deadline.** All required credentials, if not already on file, must be received by the program application deadline. Applicants who fail to provide the necessary credentials by the program deadline may not submit an appeal, but are welcome to submit their credentials and reapply during the next available application period.

Requirements and deadlines vary by program. To review unique requirements and deadlines, visit the [Degrees & Certificates](#) web page and scroll down to find the correct program web page. From the program's web page, go to the Admissions tab for current requirements.

This form is not to be used for residency-related requests. See the [Residency Determination](#) web page for information and access to the [Residency Re-determination Form](#) (PDF, 790 KB).

APPLICANT Information

Name _____ Email Address _____
 Student ID _____ Date of Birth _____ Telephone _____
 Mailing Address _____ City _____ State _____ Zip Code _____

PROGRAM APPLICATION Information

Reason for Appeal To appeal admissions decision To re-apply with new information or credentials
 Program _____ Year _____ Term Fall Spring
The year and term for which you applied.
 Credentials for review (select all that apply): Test Scores College Transcript(s) High School Transcript(s)

Additional Information - Using the space below, please provide the following:

1. Details regarding which components of the above credential(s) should be reviewed.
2. An explanation of how the component serves to meet a specific admissions requirement.
3. The location and date for each course and/or test score referenced.
4. Any additional information necessary to assist Admissions in reviewing your eligibility for admission.

SIGNATURE & AGREEMENT

By signing, I certify that the information provided above is true and accurate to the best of my knowledge. I understand that the determination made regarding this appeal is final with no additional opportunities for appeal.

Applicant Signature _____ Date _____

SUBMISSION INSTRUCTIONS

Please allow up to four weeks for review of a Program Application Appeal. Determination will be sent by mail to the address provided above. Please sign and submit your completed form in-person to the Truax Enrollment Center - Room 159, Downtown Enrollment Information Center - Room D117, or any regional or metro campus office; by email to intake@madisoncollege.edu (print completed form, sign and scan); or by mail or fax to:

Address: Enrollment Center
 Madison College
 1701 Wright Street
 Madison, WI 53704
Fax: (608) 243-4353

Questions? For assistance with this form, search FAQs or submit an Admissions category question on [askMadisonCollege](#), contact the Enrollment Center by phone (608) 246-6210 or visit in person at Room A1000, Truax.

Enrollment Center - Admissions Use Only:
 Staff Name _____ Staff Title _____ Date Processed _____