The Transfer Appeals Program is designed to identify potential transfer students who appear to have the intellectual and personal characteristics to do successful college work at SFA but who have experienced significant extenuating circumstances resulting in the loss of ability to meet standards for regular transfer student admission to Stephen F. Austin State University.

The Transfer Appeal committee will review complete files on a continuing basis. The final review deadline for a completed appeal packet is 5 business days prior to the first day of classes.

The application packet also includes two Recommendation Forms. These forms are to be completed by instructors or faculty members who can testify to the applicant’s academic ability. **It is imperative that the answers to the questions on the Transfer Appeals Program application fully explain the extenuating circumstances that should be considered in determining the applicant’s eligibility.** The selection committee will review all applications and recommend a limited number of applicants to be accepted.

Return materials to:

Transfer Appeals Program  
Office of Admissions  
PO Box 13051  
Stephen F. Austin State University  
Nacogdoches, TX  75962-3051
Stephen F. Austin State University

Transfer Appeals Program Application

Date: __________________________

Applicant’s Full Name: ________________________________

Applicant’s Signature: ________________________________

Permanent Address: ____________________________________

Street/Box No.

City __________________________________ State ______ Zip Code

Social Security Number: ______________ Phone: (___) ____________

To The Applicant:

The appeals committee will recommend admission on probation only for those students it is convinced will be able to perform successfully in the academic programs at SFA. Your answers to the questions should address your academic abilities. Attach additional sheets if necessary.

1. Why can you not return to your previous institution and clear your academic status?

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2. How can your less-than-adequate academic performance at the institution(s) you previously attended be explained?

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3. What evidence can you provide that would indicate that your previous performance does not reflect your academic ability?

Feel free to provide any other supplemental documentation such as high school transcript with class rank, ACT scores, SAT scores, etc. This documentation will be reviewed as part of your appeals file.
Stephen F. Austin State University
Transfer Appeals Program
Recommendation Form

To the Recommender: To enable the selection committee to assess the qualifications of the applicant you have named below, please complete this form and in the interest of the applicant, promptly return to:

Transfer Appeals Program
Office of Admissions
PO Box 13051
Stephen F. Austin State University
Nacogdoches, TX 75962-3051

Name of the applicant: _____________________________________________

Length of time you have known the applicant and in what capacity? ______________

__________________________________________________________________________

1. What, in your opinion, were the extenuating circumstances which explain the applicant’s poor academic performance?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

2. Please comment as precisely as possible on the applicant’s activities or circumstances you have observed which you feel qualify him/her for potential success in doing college-level work.

__________________________________________________________________________

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Recommender’s Name: _____________________________________________

Recommender’s Signature: _____________________________________________

Position or Title: ___________________________ Organization: ___________________________

Address: ___________________________ City: ___________________________ State: ___________________________ Zip code: ___________________________

Date: ___________________________
To the Recommender: To enable the selection committee to assess the qualifications of the applicant you have named below, please complete this form and in the interest of the applicant, promptly return to:

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Office of Admissions
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Stephen F. Austin State University
Nacogdoches, TX 75962-3051

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1. What, in your opinion, were the extenuating circumstances which explain the applicant’s poor academic performance?

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Recommender’s Name: ___________________________ Recommender’s Signature: ___________________________

Position or Title: ___________________________ Organization: ___________________________

Address: ___________________________ City: ___________________________ State: ___________________________ Zip code: ___________________________

Date: ___________________________