

Stephen F. Austin State University

Transfer Appeals Program

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 experienced educational challenges 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. Applicants who have experience a gap in enrollment at a college or university may have the recommendation forms submitted by employers or community leaders. **It is imperative that the answers to the questions on the Transfer Appeals Program application fully explain the 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 via email to the Office of Admissions at admissions@sfasu.edu.

Stephen F. Austin State University
Transfer Appeals Program Application

Date: _____ **Applicant's Student ID:** _____

Applicant's Full Name: _____

The appeals committee will recommend probationary admission for those students they believe 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 are you choosing to enroll at SFA?

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

3. Considering your academic history, explain what circumstances have changed which will foster positive academic performance.

You may provide any other supplemental documentation such as high school transcript with class rank, ACT scores, SAT scores, etc., to be reviewed as part of your appeals file.

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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 the form via email to admissions@sfasu.edu.

Name of the applicant: _____

Length of time you have known the applicant? _____

In what capacity have you known the applicant? _____

1. Based on your opinion and knowledge of the applicant, please share indicators or qualities that reflect the applicant's ability to be successful in their academic pursuit.

Recommender's Name: _____ Recommender's Signature _____

Position or Title: _____ Organization: _____

Email: _____ Date: _____