

SUNY Sullivan Admissions Appeal Form/Teacher Recommendation

Prospective Students:

Give this form to **3** teachers to fill out for your **Admissions' Appeal**
(if you have NOT been accepted to SUNY Sullivan).

Students, remember to separately fax Admissions your essay on why your grades were weak in high school, and what you'll do differently in college.

TEACHERS, please FAX THIS FORM DIRECTLY

to Admissions at 845-434-0923.

Student Put Your Name Here: _____ has applied to SUNY Sullivan and has not been accepted, so he/she has begun the appeal process for acceptance.

SUNY Sullivan has an acceptance criteria of a 65 GPA for students who are not from Sullivan County. For students appealing their acceptance decision, teacher input is very valuable to the Appeals Committee, and helps in decision making. Let us know if a student has the academic skills to be successful. Please consider that most students will incur student loan debt in order to pay for college, and consider as well that this cost increases if the student "goes away" to school.

Does coming to SUNY Sullivan seem a better option for this student than matriculating to their home community college at a lower cost? Putting all considerations in the balance, does this student have the academic capability to be successful at the college level, making this investment less risky for the student?

Please circle your answers, and offer your comments to assist the Appeals Committee in deciding to accept your student for Matriculation with SUNY Sullivan.

1. Is it your professional opinion that this student has the advanced study habits necessary for success in college? **YES NO Comment:**
2. Do you believe that this student has the maturity level to be responsible for handling his/her life in college away from the family's support? **YES NO Comment:**
3. Does this student have the reading and writing skills necessary to communicate at the college level in order to be successful at SUNY Sullivan? **YES NO Comment:**
4. Character and integrity are important components of a student's success in college. Do you believe this student will be a positive contribution to our student body? What examples of this student's positive character can you share with the Appeals Committee?

Please share with the Appeals Committee anything else you feel would be a significant help in determining whether to admit this student or not:

Teacher (signature) _____ Date _____

Teacher (print name) _____ High School _____

Year Student Attended _____ Subject Instructed _____

On behalf of the Admissions Appeals Committee at SUNY Sullivan, thank you!