

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Department/Office Name]  
[Institution Name]  
[Institution Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Appeal for CGS Decision

I hope this letter finds you well. I am writing to formally appeal the decision made regarding my [specific decision, e.g., CGS application/financial aid status, etc.] dated [date of decision]. I respectfully request a reconsideration based on the following grounds:

[Clearly outline the reasons for your appeal, e.g., additional information, changes in circumstances, etc.]

[Include any supporting documentation or evidence if applicable.]

I appreciate your time and consideration of my appeal. I look forward to your response and the opportunity to discuss this matter further.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]