

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Title]  
[Organization/Institution Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my application to the NNP program at [Institution Name]. I appreciate the time and consideration given to my application, but I would like to provide additional information that I believe warrants a reconsideration of my candidacy.

[Insert a paragraph explaining your background, experiences, and reasons for wanting to enter the NNP program. Include any relevant accomplishments or qualifications that may not have been fully represented in your original application.]

In addition, [discuss any specific areas where you believe your application may have fallen short, and how you have addressed those concerns since the time of your application. This could include additional coursework, relevant work experience, or personal growth].

I am deeply committed to pursuing a career in nursing and believe that the NNP program is the ideal fit for my goals and aspirations. I respectfully request that you review my application in light of this new information.

Thank you for your time and consideration. I am hopeful that you will take my appeal into account, and I look forward to the possibility of discussing my application further.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]