

APPEAL COVER SHEET

College of Liberal Arts and Sciences Committee on Course and Standing

Admin. Building, Room 206,
160 Convent Ave., New York, NY 10031

Phone: (212) 650-8113 Fax: (212) 650-5919

Instructions:

1. On a separate piece(s) of paper, type and sign a brief statement outlining the exact nature of your request. Provide a reasoned explanation detailing the specific circumstances that would justify the committee granting the appeal. If you are appealing a dismissal stop, or if you are seeking to return to the college (reinstatement), explain what steps you have taken to improve your academic capabilities.
2. If applicable, attach statements from your instructor, official documentation (e.g. medical records, legal records, police reports, etc.), or other materials that support the appeal. If you are disputing a grade, you must document that the Departmental Chair and Divisional Dean have reviewed your concern before appealing to the committee.
3. If your appeal concerns a proposed substitution/waiver of a requirement, or if you are less than 30 credits away from graduation, include copies of your core and major checks from your advisor.
4. Complete A, B and C, below and include this form with your appeal. Submit the complete appeal to the Office or Academic Standards (Admin. 206). The office will acknowledge receipt of the appeal and inform you of its status in writing within 15 business days.

(A) STUDENT INFORMATION

| | | |
|------------------|------------------|------------|
| Name: | | Empl. ID#: |
| Email: | | |
| Daytime Phone 1: | Daytime Phone 2: | |
| Address: | | |

(B) ACADEMIC BACKGROUND

| | | |
|---|---|-----------------------------|
| Major/Area of Interest: | | |
| Are you in the SEEK Program? | <input type="checkbox"/> Yes (Submit a copy of this appeal to the SEEK Office (NA 5/226)) | <input type="checkbox"/> No |
| Are you registered with the Disabilities Office? (I agree to the release of relevant personal information) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(C) NATURE OF YOUR APPEAL

| | | |
|--|---|---|
| <input type="checkbox"/> Grade Change | | |
| <input type="checkbox"/> INC Extension | COURSE: _____ | SEMESTER: _____ |
| <input type="checkbox"/> Late Withdrawal | | |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Requirement Substitution | <input type="checkbox"/> Academic Integrity |
| <input type="checkbox"/> Other | | |