

OFFICE OF STUDENT LIFE, RM D-101 $\,$

ACADEMIC APPEAL FORM

PERSONAL INFORMATION		
Last Name:		First Name:
	State:	
		Cell Phone: ()
		Email Address:
		•
Appeal Type:		Appeal are <u>currently registered</u> and seeking permission to register for ere due to an academic stop)
******	academically dismisse	no have not been enrolled for one semester or more and where ed from the college)
PERSONAL STATEMENT		
sheet if necessary		circumstances for poor academic performance. Attach another

ACADEMIC PLAN In a paragraph or more, provide a plan of action identifying the steps to be taken for improving academic performance? For example, counseling, tutoring, # of credits you wish to register for next semester, courses, etc. Also include # of courses remaining to complete your degree program and how you plan to finance your education (i.e. financial aid, out of pocket, reimbursement, etc.) Attach another sheet if necessary.

SUPPORTING DOCUMENTS

Please submit any medical/other supporting documents (if applicable) to support the appeal. These documents can be submitted directly to the Office of Student Life, Room C-330 so copies of the documents can be made. **Only supporting documents will be accepted at the office.** Your written appeal must be submitted via email to ensure an immediate response.

APPEAL SUBMISSION

All appeals must be submitted via email at academicappeals@hostos.cuny.edu. Please refer to the Academic Appeal/Re-admission Fact Sheet for deadlines. If you have any questions, you may contact the Office of Student Life at (718) 518-6557.