

## 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 <a href="mailto:academicappeals@hostos.cuny.edu">academicappeals@hostos.cuny.edu</a>. 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.