QUEENSBOROUGH COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
BAYSIDE, NEW YORK 11364-1497
Registrar's Office, Room A-104

Committee on Course & Standing Student Appeal

LAST NAME_____**FIRST NAME**_____**SS #**_____

ADDRESS_____**PHONE #**_____

_____**ZIP CODE:**_____ **WORK PHONE#**_____

COURSE (S) UNDER APPEAL

COURSE/SECTION	SEMESTER	INSTRUCTOR	COMMENTS

TYPE OF ACTION REQUESTED

PLEASE CHECK THE APPROPRIATE BOX

☐ RETROACTIVE WITHDRAWAL (Prior Semester)

☐ LATE WITHDRAWAL (Current Semester)

(THE COMMITTEE ADVISES YOU TO CONTINUE ATTENDING CLASS UNTIL YOU HAVE BEEN NOTIFIED OF ACTION TAKEN)

☐ READMISSION (Not currently enrolled/ Reentering after an Academic Dismissal)

(Please be advised that an appeal for open grades (WU/FIN/FAB) **does not** in any way affect your readmission to the college. Please refer to the Admissions Office for admission status.)

☐ OTHER (please explain)_____

PLEASE BRIEFLY EXPLAIN AND ATTACH DOCUMENTATION TO SUPPORT YOUR STATEMENT. (COPIES OF DOCTOR'S LETTER, RECORD OF HOSPITALIZATION, DEATH CERTIFICATE, ETC.) IN ADDITION, YOU MAY SUBMIT ANY OTHER CORRESPONDENCE IN SUPPORT OF YOUR APPEAL. YOUR APPEAL WILL NOT BE CONSIDERED UNLESS DOCUMENTATION IS ATTACHED.

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If necessary, please use reverse side of this form.

STUDENT'S SIGNATURE: _____ DATE: _____

*****DO NOT WRITE ANYTHING BELOW THIS LINE*****

*****FOR OFFICIAL USE ONLY*****