

## NEW YORK CITY COLLEGE OF TECHNOLOGY

<u>CPE</u> <u>D</u> eadline <u>D</u> ate:
---

3 7	CPE APPEAL FOR S00 Jay St. Brooklyn, NY 1718. 260-5951 FAX: 718. Courseandstandards-cpe@c	11201-2983 3. 254.8274		GPA	#CRDS		Denied
( <b>Print</b> ) Name:	Last Fi	irst M.I		Stude	nt SS/ID#	‡	
	Major Depart	(MJ)		Date	Submitted	i	
	Semester last attended: Purpose of Appeal:	☐ Spring: Yr ☐ 3x or above-CPE	□ SU: Y		□ A	all: Yr Absent Removal	
Direction Course a student.  The following 1. 2.	ns: All the information that i and Standards Committee. Particularly and Standards Committee. Particularly in Marting Student's Statement should be you prepare for this exam. For Absent Removal you must provide email address	s requested on this appeal rtially completed forms w provided: Intensive Courses. explain: (a) why you are used provided supporting documents.	form must ill not be re making this cumentation	be completed and by the constant appeal. (b) and appeal.	d prior to i mmittee an	ts being rend will be	returned to th
	Academic H	Iistory in City Tech <b>V</b> Example: ENG and			urses-W	<u>IC</u>	
	Name of Course	Semester Year			Frade <b>or T</b>	ransfer-	CR

Revised: DS. 5/16/07

Please sign your name and clearly print your current address and phone number(s). Attach relevant document(s) before returning Appeal Form to N104.  Email Address:  Telephone#:  Cell#:  Apt#  City State Zip code	Statement: _				
Email Address:  Cell#:  Street#  Apt#					
Cell#:					
Cell#:					
Cell#:					
Email Address:  Cell#:  Street#  Apt#					
Email Address:  Cell#:  Street#  Apt#					
Email Address:					
Email Address:  Cell#:  Street#  Apt#					
Email Address:					
Cell#:   Street#   Apt#					
Email Address:  Cell#:  Street#  Apt#					
Email Address:					
Email Address:					
Email Address:					
Email Address:					
Email Address:					
Email Address:					
Email Address:  Cell#:  Street#  Apt#					
Email Address:					
Email Address:    Cell#:   Address:	Please sign you	ır name and clearly	print your current address and phone i	number(s). Attach relevant	
Telephone#:  Address:  Street#  Apt#	<b>locument(s)</b> b	efore returning App	peal Form to N104.		
Telephone#:  Address:  Street#  Apt#					
Telephone#:  Address:  Street#  Apt#					
Address:  Street# Apt#	Email Address	s:			
Street# Apt#	Γelephone#:	ephone#: Cell#:			
Street# Apt#	Address:				
City State Zip code					
		City	State	Zip code	
Student Signature:	Student Sions	•		•	