

BARUCH COLLEGE

Committees on Academic Standing- Application for Academic Appeal

IMPORTANT – PLEASE READ ALL INSTRUCTIONS BEFORE SUBMITTING AN APPEAL

Once you have completed the appeal form and typed letter, it is strongly recommended that you meet with an Academic Advisor or your SEEK Counselor before you submit your appeal to the Committee.

- A. F1 or J1 Visa students must meet with international Student Services before submitting the appeal.
- B. Financial Aid recipients should discuss their individual circumstances with the Office of Financial Aid services as appeal decisions may result in loss of aid, tuition liability or the return of a refund check.
- C. Students submitting an appeal based on a disability must first meet with the Office of Students with Disabilities, Newman Vertical Campus Room 2-271

The following information must be included in your appeal submission:

1. This **appeal form** fully completed.
2. A **typed appeal letter** explaining in detail the reason for your appeal. **Handwritten appeals will not be considered.** **The following information should be included in your appeal letter:**
 - a) What is your appeal request?
 - b) Explanation of the circumstances which lead to your appeal request.
 - c) The steps you have taken to ensure your success if your appeal is approved.

REINSTATEMENT Appeal letter must include the following information:

- a) Have you participated in any of the Center for Academic Advisement and New Student Orientation sponsored programs (ex: Students Towards Success, In Gear, Probation Workshops) If yes, it is strongly recommended that you seek a letter from your instructor.
 - b) Have the issues/factors that hindered you from succeeding at Baruch been resolved? **Explain.**
 - c) What steps/measures have you implemented or will implement that will help you succeed academically at Baruch College? Ex: reduced course load, fewer work hours, tutoring, etc.
3. **Supporting Documents:** Supporting documentation is **required** (medical, employment, legal, etc.) and any letters from Faculty, Academic Advisors, Counselors, etc. **The Committee will not consider appeals that are submitted without supporting documentation.**

DEADLINE DATES FOR REINSTATEMENT WILL BE STRICTLY ENFORCED.

- For **Fall** reinstatement - all appeals must be submitted by **April 1.**
- For **Spring** reinstatement - all appeals must be submitted by **November 1.**

SECTION THREE:

Appeal Submission Check-List

For any appeal to be considered the following must be submitted:

- ✓ **Fully Completed Appeal Form**
- ✓ **Typed Appeal Letter**
- ✓ **Supporting Documentation**

Be sure to include your name on each document submitted to the committee.

It is strongly recommended that you meet with an Academic Advisor in The Center for Academic Advisement and New Student Orientation or your SEEK Counselor in the SEEK Office before you submit your appeal to the Committee.

Important information for Reinstatement:

DEADLINE DATES FOR REINSTATEMENT WILL BE STRICTLY ENFORCED.

- **For Fall reinstatement** - all appeals must be submitted by **April 1**.
- **For Spring reinstatement** - all appeals must be submitted by **November 1**.
- If you have taken courses at another institution after your dismissal from Baruch College, you must include a **copy of your transcript** containing those courses.

Please submit your appeal to the school in which you have officially declared your major:

Zicklin School of Business: One Baruch Way, 13 th floor, Room B13-260 Tel: 646-312-3135 Fax: 646-312-3136	Weissman School of Arts & Sciences: One Baruch Way, 8 th floor, Room B8-265 Tel: 646-312-3890 Fax: 646-312-3891
School of Public Affairs: 135 East 22 nd Street, Room 901 Tel: 646-660-6700 Fax: 646-660-6701	<u>If not officially in any of the schools listed:</u> Center for Academic Advisement & New Student Orientation: One Baruch Way, 5 th floor, Room B5-215 Tel: 646-312-4260

THE COLLEGE DOES NOT GUARANTEE APPROVAL OF DOCUMENTED APPEALS.

SECTION ONE:

PERSONAL DATA

Please type or print the following information.

Date: _____

Name: _____ EMPLID: _____
First Name Middle Initial Last Name

Mailing Address: _____

Tel: _____ Day/Business
Evening Cell Phone

Baruch E-Mail: _____@baruchmail.cuny.edu (This is how you will be contacted)

*Appeals regarding Pathways must be submitted online: baruch.cuny.edu/genedreqs/pathwaysatbaruch/PathwaysAppeals.htm

PLEASE CHECK THE APPROPRIATE BOX. I AM APPEALING TO:

- Zicklin School of Business
- Weissman School of Arts and Sciences
- School of Public Affairs
- College –Undecided/Not Officially in a Major

ARE YOU A CANDIDATE FOR GRADUATION? YES NO

Declared and/or Intended Major: _____

TYPE OF APPEAL: Please check

- RETROACTIVE WITHDRAWAL
- PERMISSION TO DROP A COURSE AFTER THE DEADLINE DATE (current semester)
- EXTENSION TO COMPLETE COURSE WORK
- TOTAL RESIGNATION
- REINSTATEMENT (must be submitted by **April 1st** for Fall reinstatement and by **November 1st** for Spring reinstatement)
- 3-TIME REPEAT OF A COURSE
- CURRICULAR ADJUSTMENT (substitution or waiver: include course description, syllabus, explain how the courses are similar in a typed letter)
- OTHER _____

See additional information needed based on the type of appeal in Sections Two and Three
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SECTION TWO:

RETROACTIVE WITHDRAWAL: COMPLETE THE FOLLOWING FOR EACH WITHDRAWAL REQUESTED.

1. Complete **Attachment A** and submit with your **typed** appeal.

Course number: _____ Semester / year course completed: _____

Course number: _____ Semester / year course completed: _____

Course number: _____ Semester / year course completed: _____

PERMISSION TO DROP A COURSE(S) AFTER THE DEADLINE DATE: COMPLETE THE FOLLOWING FOR EACH COURSE.

1. Complete **Attachment A** and submit with your **typed** appeal.

Course number: _____ Semester / year course completed: _____

Course number: _____ Semester / year course completed: _____

Course number: _____ Semester / year course completed: _____

EXTENSION TO COMPLETE COURSE WORK.

1. Complete **Attachment B** and submit with your **typed** appeal.

2. Indicate the course(s) for which you are requesting an extension

Course number: _____ Semester / year: _____

Course number: _____ Semester / year: _____

TOTAL RESIGNATION (DROPPING ALL COURSES) AFTER THE DEADLINE DATE:

Please indicate the Semester/Year requesting to receive "W" grades: _____

Semester / year completed: _____

Semester / year completed: _____

Semester / year completed: _____

Semester / year completed: _____

You are required to submit copies of all your supporting documentation (medical, employment, etc.) for each semester you are requesting grade changes to 'W' Total Resignations.

REINSTATEMENT

REINSTATEMENT APPLICATIONS TO BEGIN CLASSES IN THE FALL SEMESTER ARE DUE:

April 1

REINSTATEMENT APPLICATIONS TO BEGIN CLASSES IN THE SPRING SEMESTER ARE DUE:

November 1

1. If you are reinstated, which school (major) will you pursue? (*Circle one*) Business /Arts and Sciences/ Public Affairs

2. Have you taken any courses at another institution after your dismissal from Baruch College? **YES** **NO**

If yes, include a copy of your transcript containing those courses.

OTHER – INDICATE YOUR REQUEST (APPEAL).

ATTACHMENT A

**RECOMMENDATIONS FOR THE COMMITTEES ON ACADEMIC STANDING
(For Student Initiated Change of Grade and Withdrawal after Deadline)**

Student: This form must be completed by FACULTY and submitted along with your appeal.

Student's Name: _____ EMPLID: _____

Semester: _____ Course: _____ Section: _____

Faculty: The above-named student has an appeal pending before a Committee on Academic Standing and is requesting the following grade change From: _____ To: _____

INSTRUCTOR: _____ DEPARTMENT: _____

Please complete the following information:

1. Has the student spoken with you about his/her problem? _____
2. Was (is) the student's attendance satisfactory? _____
3. **Last date of attendance(must be completed by a faculty member):** _____
4. Were (are) assignments up to date: _____
5. Please indicate **Dates & Grades** for ALL: exams, mid-terms, quizzes or papers given?

Date: _____	Grade: _____
Date: _____	Grade: _____
Date: _____	Grade: _____
Date: _____	Grade: _____
Date: _____	Grade: _____
Date: _____	Grade: _____

6. When was the "WU" grade Submitted: _____

7. Please provide a detailed explanation for the assigned "WU" grade: _____

8. Please add any comments you have that might be helpful in supporting your recommendation:

Do you recommend the approval of this grade change?

Yes No

Instructor's Signature _____

Date _____

Yes No

Chairperson's Signature _____

Date _____

****Please be aware that the Committee on Academic Standing may not comply with faculty recommendation.***

Note: Turn Over for Attachment B

ATTACHMENT B

RECOMMENDATIONS FOR THE COMMITTEE ON ACADEMIC STANDING

EXTENSION TO RESOLVE AN INC GRADE

Date: _____

Name: _____ **EMPLID:** _____
First Name Middle Initial Last Name

Address: _____

Tel: _____ Day/Business
Evening Cell Phone

Baruch E-Mail: _____@baruchmail.cuny.edu

I am applying to have an extension to resolve my INC grade for:

_____ Semester/Year
Course Section

I would like an extension until _____
Month/Day/Year

INSTRUCTOR'S SECTION

I will permit the above named student to have an extension to resolve an INC Grade

Deadline Date for submission of work: _____
Month/Day/Year

Instructor's Signature: _____ **Date:** _____

Note: Turn Over for Attachment A