

**BARUCH COLLEGE**  
**Committees on Academic Standing**  
**Application for Academic Appeal**

**PART 1:**  
**PERSONAL DATA**

Please type or print the following information.

Date: \_\_\_\_\_

Name: Mr./Ms. \_\_\_\_\_  
First Name                      Middle Initial                      Last Name

ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_  
Day/Business                      Evening                      Cell Phone

E-Mail: \_\_\_\_\_

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**PART 2:**

**COLLEGE DATA: PLEASE CHECK THE APPROPRIATE BOX. I AM APPEALING TO:**

- Zicklin School of Business**
- Weissman School of Arts and Sciences**
- School of Public Affairs**
- College-COL**

Intended Major: \_\_\_\_\_

**TYPE OF APPEAL: (a) CURRICULAR ADJUSTMENT; (b) EXTENSION TO COMPLETE COURSE WORK;**  
**(c) GRADE CHANGE; (d) PERMISSION TO DROP A COURSE AFTER THE DEADLINE DATE;**  
**(e) REINSTATEMENT; (f) TOTAL RESIGNATION; (g) OTHER**

Please **check** the appropriate box(es) and complete the information listed below. **REASONS MUST BE EXPLAINED IN PART 4.**

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**PART 3: TYPE OF APPEAL**

**a.**

**CURRICULAR ADJUSTMENT (course substitution or waiver):**  
Example: To use POL 2260 to fulfill the POL requirement.

1. Include in your **typed** appeal, a detailed explanation of how the course is similar in academic depth and/or fulfills the spirit of the curriculum requirement.
  2. Attach copy of the catalogue description and/or a copy of the course syllabus.
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**b.**

- EXTENSION TO COMPLETE COURSE WORK. (Reasons must be explained in PART 4. Attachment B must be completed and submitted with appeal)**

Course number: \_\_\_\_\_ Semester / year: \_\_\_\_\_

Course number: \_\_\_\_\_ Semester / year: \_\_\_\_\_

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**c.**

- GRADE CHANGE (STUDENT INITIATED). PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH GRADE CHANGE REQUESTED. YOU MAY ADD ADDITIONAL SHEETS OF PAPER IF NECESSARY. (Reasons must be explained in PART 4. Attachment A must be completed and submitted with appeal)**

Course number: \_\_\_\_\_ Semester / year course completed: \_\_\_\_\_

Course number: \_\_\_\_\_ Semester / year course completed: \_\_\_\_\_

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**d.**

- PERMISSION TO DROP A COURSE(S) AFTER THE DEADLINE DATE. PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH COURSE. (Reasons must be explained in PART 4. Attachment A must be completed and submitted with appeal)**

Course number: \_\_\_\_\_ Semester / year course completed: \_\_\_\_\_

Course number: \_\_\_\_\_ Semester / year course completed: \_\_\_\_\_

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**e.**

- REINSTATEMENT (Reasons must be explained in PART 4)**

REINSTATEMENT APPLICATIONS FOR THE FALL SEMESTER ARE DUE:

**APRIL 1**

REINSTATEMENT APPLICATIONS FOR 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/Real Estate
  2. Have you taken any courses at another institution since your dismissal from Baruch College?  
If yes, list institution(s): \_\_\_\_\_  
(If you attended another institution, an official transcript must be attached.)
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**f.**

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

Semester/year requesting to receive "W" grades: \_\_\_\_\_

*Please submit copies of supporting documentation (medical, employment, etc) to support your request.*  
**(Reasons must be explained in PART 4).**

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**g.**

- OTHER – INDICATE YOUR REQUEST (APPEAL). Reasons must be explained in PART 4.**

**REQUEST:**

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**PART 4:**

**ALL INFORMATION BELOW MUST BE TYPED. HANDWRITTEN APPEALS WILL NOT BE CONSIDERED.**

Please explain in detail the reason for your appeal. Please be sure to include any supporting documentation (medical, employment, etc.) and any letters from Faculty, Academic Advisors, Counselors, etc. **Requests will not be considered without supporting documentation.** You may attach additional pages (be sure to include your name and ID number on each document and page submitted).

**Please submit your appeal to one of the following offices:**

**Zicklin School of Business:** 1 Baruch Way, 13<sup>th</sup> floor, Room B13-260

Tel: 646-312-3135 Fax: 646-312-3136

**Weissman School of Arts & Sciences:** 1 Baruch Way, 8<sup>th</sup> floor, Room B8-265

Tel: 646-312-3890 Fax: 646-312-3891

**School of Public Affairs:** 135 East 22<sup>nd</sup> Street, Room 406

Tel: 212-802-5965 Fax: 212-802-5903

**Center for Advisement and Orientation:** 1 Baruch Way, 5<sup>th</sup> floor, Room B5-215

Tel: 646-312-4260 Fax: 646-312-4261

*For Office Use Only:*

Appeal approved: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal denied: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal tabled until: \_\_\_\_\_ Date: \_\_\_\_\_

4/1/03

**Baruch College**

**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 and submitted along with your appeal.**

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_

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:**

Of \_\_\_\_\_ To \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Please complete the following information:

(1) Has student spoken with you about his/her problem? \_\_\_\_\_

(2) Was (is) attendance satisfactory? \_\_\_\_\_

(3) Were (are) assignments up to date? \_\_\_\_\_

(4) Average in course \_\_\_\_\_

(5) Please add any comments you have that might be helpful in supporting your recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*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 recommendations.*

**Baruch College**

**ATTACHMENT B**  
**RECOMMENDATIONS FOR THE COMMITTEES ON ACADEMIC STANDING**

**EXTENSION TO RESOLVE AN ABS OR INC GRADE**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City\_\_\_\_\_ State Zip Code

I am applying to have an extension to resolve my INC \_\_\_\_ ABS \_\_\_\_

Grade in \_\_\_\_\_  
Course Section Semester/YearI 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

ABS \_\_\_\_\_ or INC \_\_\_\_\_ Grade

Until \_\_\_\_\_  
Month/Day/Year

Instructor's Signature \_\_\_\_\_

Date \_\_\_\_\_