

BARUCH COLLEGE
Committees on Academic Standing- Application for Academic Appeal

IMPORTANT – READ ALL INSTRUCTIONS BEFORE SUBMITTING AN APPEAL

**Please attach your typed appeal letter. Include your full name on each page.
Handwritten appeals will not be considered.**

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

IF YOU ARE A STUDENT ON AN F1 OR J1 VISA , BEFORE YOU SUBMIT YOUR APPEAL, YOU MUST DISCUSS YOUR APPEAL WITH THE INTERNATIONAL STUDENT SERVICES OFFICE.

The following information **must** be included in your appeal:

1. What is your appeal request?
2. Explain in detail the reason for your appeal. You **must** include supporting documentation (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.
3. For students who are applying for **Reinstatement**:
 - a) Have you participated in any of the Center for Academic Advisement sponsored programs (ex: Students Towards Success, In Gear, Probation Workshops) If Yes, When? Who was your Academic Advisor?
 - 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, few hours at work, tutoring, etc.
4. For students who are applying for a course substitution or waivers based on a disability must first meet with **Barbara Sirois in the Office of Students with Disabilities Newman Vertical Campus Room 2-271**

DEADLINE DATES FOR REINSTATEMENTS 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.

Please submit your appeal to one of the following offices:

Zicklin School of Business: One Baruch Way, 13th floor, Room B13-260
Tel: 646-312-3135 Fax: 646-312-3136

Weissman School of Arts & Sciences: One Baruch Way, 8th floor, Room B8-265
Tel: 646-312-3870 Fax: 646-312-3871

School of Public Affairs: 135 East 22nd Street, Room 901
Tel: 646-660-6700 Fax: 646-660-6701

Center for Academic Advisement: One Baruch Way, 5th floor, Room B5-215
Tel: 646-312-4260

SECTION ONE:

PERSONAL DATA

Please type or print the following information.

Date: _____

Name:

First Name	Middle Initial	Last Name
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S.S.# _____

Address: _____

Tel: _____

Day/Business	Evening	Cell Phone
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E-Mail: _____ @ _____ . _____

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

ARE YOU A CANDIDATE FOR GRADUATION? _____ YES _____ NO

Declared and/or Intended Major: _____

TYPE OF APPEAL: Please check

- CURRICULAR ADJUSTMENT
- EXTENSION TO COMPLETE COURSE WORK;
- GRADE CHANGE(S)
- PERMISSION TO DROP A COURSE AFTER THE DEADLINE DATE
(current semester)
- REINSTATEMENT
- TOTAL RESIGNATION
- OTHER

NOTE: THE COLLEGE DOES NOT GUARANTEE APPROVAL OF DOCUMENTED APPEALS.

<p>See additional information needed based on the “type” of appeal in Sections Two and Three</p>
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SECTION TWO:

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 a copy of the course syllabus.
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EXTENSION TO COMPLETE COURSE WORK.

1. Complete **Attachment B** and submitted it with your **typed** appeal.
2. Indicate the course(s) for which you are requesting an extension

Course number: _____ Semester / year: _____

Course number: _____ Semester / year: _____

GRADE CHANGE (STUDENT INITIATED):

COMPLETE THE FOLLOWING FOR EACH GRADE CHANGE REQUESTED.

1. Complete **Attachment A** and submitted it 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 INFORMATION FOR EACH COURSE.

1. Complete **Attachment A** and submitted it with your **typed** appeal.

Course number: _____ Semester / year course completed: _____

Course number: _____ Semester / year course completed: _____

Course number: _____ Semester / year course completed: _____

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, indicate the **Name** of the institution/ **Credits** earned/ **Degree** Awarded

_____/_____/_____
_____/_____/_____

OTHER – INDICATE YOUR REQUEST (APPEAL).

SECTION THREE

For your (any) appeal to be considered you must attach and submit a **TYPED appeal** request (letter). Be sure to include your name on each documented submitted to the committee.

Your appeal should include:

- ✓ A written request (appeal) letter
- ✓ Supporting documentation (medical, employment, etc.)
- ✓ Letters of support from faculty, academic advisors, medical personnel, counselors, etc.

SPECIAL INSTRUCTIONS FOR STUDENTS APPLYING FOR REINSTATEMENT.
YOU ARE REQUIRED TO ANSWER THE FOLLOWING THREE QUESTIONS IN YOUR APPEAL LETTER.

1. Have you participated in any of the Center for Academic Advisement sponsored programs (ex: Students Towards Success, In Gear, Probation Workshops)?
If Yes, When? Who was your Academic Advisor?
2. Have the issues/factors that hindered you from succeeding at Baruch been resolved?
Explain.
3. What steps/measures have you implemented or will implement that will help you succeed academically at Baruch College? Ex: reduced course load, few hours at work, tutoring, etc.

In addition, submit supporting documentation (medical, employment, etc.) **and/or** letters of support from faculty, academic advisors, medical personnel, counselors, etc.

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

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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 _____ 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) Last day of attendance: _____

{Must be completed by Faculty Member}

(4) Were (are) assignments up to date? _____

(5) Please indicate **Dates & Grades** for ALL: exams, mid-terms, quizzes or papers given?

(6) 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 _____

Address _____
Street

City	State	Zip Code
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I am applying to have an extension to resolve my INC grade for:

Course	Section	Semester/Year
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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 _____