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

Weissman School of Arts & Sciences:
Tel: 646-312-3870  Fax: 646-312-3871

School of Public Affairs:
Tel: 646-660-6700  Fax: 646-660-6701

Center for Academic Advisement:
Tel: 646-312-4260

One Baruch Way, 13th floor, Room B13-260

One Baruch Way, 8th floor, Room B8-265

135 East 22nd Street, Room 901

One Baruch Way, 5th floor, Room B5-215
SECTION ONE:

PERSONAL DATA

Please type or print the following information.

Date: ______________________

Name: _______________________________________________________________________

First Name   Middle Initial   Last Name

S.S.# __________________________________________________________

Address: __________________________________________________________

Tel: ___________________   _______________________         ___--______________

Day/Business    Evening     Cell Phone

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.

See additional information needed based on the “type” of appeal in Sections Two and Three
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.

- 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

<table>
<thead>
<tr>
<th>Course number:</th>
<th>Semester / year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

- GRADE CHANGE (STUDENT INITIATED):
  COMPLETE THE FOLLOWING FOR EACH GRADE CHANGE REQUESTED.
  1. Complete Attachment A and submitted it with your typed appeal.

<table>
<thead>
<tr>
<th>Course number:</th>
<th>Semester / year course completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

- 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.

<table>
<thead>
<tr>
<th>Course number:</th>
<th>Semester / year course completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

- TOTAL RESIGNATION (DROPPING ALL COURSES) AFTER THE DEADLINE DATE:
  Please indicate the Semester/Year requesting to receive “W” grades:

<table>
<thead>
<tr>
<th>Semester / year completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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.

**THE COLLEGE DOES NOT GUARANTEE APPROVAL OF DOCUMENTED APPEALS.**
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 _______________________________________________________________

__________________________________________________________________

City     State      Zip Code

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

Course          Section        Semester/Year

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 ___________________

revised 3.4.11/sdr/vr