

BARUCH COLLEGE
Committees on Academic Standing- Application for Academic Appeal
IMPORTANT – READ ALL INSTRUCTIONS BEFORE SUBMITTING AN APPEAL

Please attach your typed appeal letter, and include your full name on all pages.
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 an appeal.

- A. IF YOU ARE A STUDENT ON AN F1 OR J1 VISA , YOU MUST DISCUSS YOUR APPEAL WITH THE INTERNATIONAL STUDENT SERVICES OFFICE BEFORE SUBMITTING IT TO THE COMMITTEE.**
- B. FINANCIAL AID RECIPIENTS MUST CONSULT THE OFFICE OF FINANCIAL AID SERVICES AS APPEAL DECISIONS MAY RESULT IN LOSS OF AID AND/OR OUT OF POCKET EXPENSE TO YOU.**

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.)

SUBMISSION DEADLINES FOR REINSTATEMENT APPEALS WILL BE STRICTLY ENFORCED

For Fall reinstatement - April 1

For Spring reinstatement - November 1

4. Students who are applying for a course substitution/waiver based on a disability must first meet with **Barbara Sirois in the Office of Students with Disabilities (NVC Room 2-271)**

Please submit your appeal to one of the following offices:

Zicklin School of Business: Tel: 646-312-3135 Fax: 646-312-3136	One Baruch Way, 13 th floor, Room B13-260
Weissman School of Arts & Sciences: Tel: 646-312-3870 Fax: 646-312-3871	One Baruch Way, 8 th floor, Room B8-265
School of Public Affairs: Tel: 646-660-6700 Fax: 646-660-6701	135 East 22 nd Street, Room 901
Center for Academic Advisement: Tel: 646-312-4260	One Baruch Way, 5 th floor, Room B5-215

SECTION ONE:

PERSONAL DATA

Please type or print the following information.

Date: _____

Name: _____
First Name Middle Initial Last Name

SS# XXX-XX- _____

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 *(for students who have not been accepted into one of the College’s three schools)*

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
- RETROACTIVE WITHDRAWAL
- 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 instructions for each type of appeal in Section Two

SECTION TWO:

You are required to submit supporting documentation (medical, employment, etc.) for any extension, retroactive withdrawal, or drop after the deadline request.

CURRICULAR ADJUSTMENT (course substitution/waiver): (ex. 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 submit it with your **typed** appeal.

RETROACTIVE WITHDRAWAL:

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

Course number: _____ semester / year course completed: _____

Course number: _____ semester / year course completed: _____

PERMISSION TO DROP A COURSE(S) AFTER THE DEADLINE DATE:

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

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 you are requesting to receive "W" grades: _____

You are required to submit supporting documentation (medical, employment, etc.) for each semester requested.

REINSTATEMENT (SUBMISSION DEADLINES: FALL – APRIL 1; SPRING – NOVEMBER 1)

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

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

If yes, list institution(s):

_____ **and attach an official transcript.**

OTHER – INDICATE YOUR REQUEST (APPEAL).

For office use only:

Appeal Approved: _____ Appeal Denied: _____ Appeal Tabled: _____

ATTACHMENT A
RECOMMENDATIONS FOR THE COMMITTEES ON ACADEMIC STANDING
(For Retroactive Withdrawal and Withdrawal after Deadline)

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

Student's Name _____ SS# #: _____

Semester _____ Course _____ Section _____

Faculty Member : 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) When was the **"WU"** grade submitted (if applicable)? _____

(7) Please provide a detailed explanation for the assigned **"WU"** grade? _____

(8) Please add any comments 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 the faculty recommendation.****

ATTACHMENT B

RECOMMENDATIONS FOR THE COMMITTEE ON ACADEMIC STANDING

EXTENSION TO RESOLVE AN INC GRADE

Date _____

Name _____

Address _____

Street

City

State

Zip Code

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

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 for submission of work: _____

Month/Day/Year

Instructor's Signature _____

Date _____