

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu
199 Chambers Street, S315
New York, NY 10007-1097
tel. 212 220-1290
fax. 212 220-1254

8-digit CUNYfirst ID or 9-digit Social Security Number:								
Last Name	First Name	Phon	Phone					
Address (include apartment number if ap	oplicable) City	State	Zip					
Email Address								
REASON FOR THE APPEAL:								
Withdraw after the official deadline.	Please list courses & seme	ester(s).						
Review of earned grade(s) - (F, FAB,	FIN, FPN, R, U, and WU). P	ease list courses & se	mester(s).					
Reinstatement on Special Probation. Indicate semester you were academically dismissed:								
What is the basis for your appeal: How d	id the situation occur? <i>Ple</i>	ase attach a stateme	nt.					
Student SignatureDate								
<b>PLEASE NOTE</b> : EVERY APPEAL FORM MUST BE SIGNED BY A COUNSELOR IN THE COUNSELING CENTER (S-343) BEFORE IT CAN BE ACTED UPON. THE SIGNATURE MEANS THAT THE COUNSELOR HAS EXPLAINED AND HELPED YOU WITH THE APPEAL PROCEDURE.								
Statement by Counselor								
Student Life Counselor SignatureDate								
PLEASE INITIAL YOUR DECISION(S) AND LIST REMARKS								
GRANTEDSPECIAL PROBATION FOR								
DENIED	DOCUMENTATION REQU	ESTED	REFERRED TO_					
REMARKS (including nota	tion of partia	l action t	o be taken)					
Committee Chair Signature		Date						

## **INSTRUCTOR'S SUPPLEMENT TO APPEAL**

Student's Last Name	Stude	ent's First Name	Studen	Student's 8-digit CUNYfirst ID or 9-digit SSN		
"W".  B. It would be very your decision as	ed reasons (and considered by the V" the Committe in the appropriary helpful to the Cond provide the st	has produced docum ne Committee on Aca	nentation) to suppore ademic Standing wit hether a "W" is war or not you agree that mic Standing if you a attendance.	rt this request. Plea hout your approval ranted. t the student shoul add comments/reas	ese be aware that the label. On the other hand, label directive a grade of sons in support of	
Course/Section #1	Term/Year	Instructor Name	Agree (Yes/No)	Last Date of Attendance	Signature	
Comments/Reasons:						
Course/Section #2	Term/Year	Instructor Name	Agree (Yes/No)	Last Date of Attendance	Signature	
Comments/Reasons:						
Course/Section #3	Term/Year	Instructor Name	Agree (Yes/No)	Last Date of Attendance	Signature	
Comments/Reasons:						
Course/Section #4	Term/Year	Instructor Name	Agree (Yes/No)	Last Date of Attendance	Signature	
Comments/Reasons:						
Course/Section #5	Term/Year	Instructor Name	Agree (Yes/No)	Last Date of Attendance	Signature	
Comments/Reasons:						