



Miscellaneous Appeal

Office of the Registrar

Borough of Manhattan Community College The City University of New York www.bmcc.cuny.edu 199 Chambers Street, S31 New York, NY 10007-1097 tel. 212 220-1290 fax. 212 220-1254

Instructions:

1. Fill out the form clearly and completely.
2. Include on a separate page or in email body a personal statement explaining your reason for this appeal.
3. Provide your email address. You will be notified by email about the decision of your appeal.
4. Submit completed form, statement, and copies of supporting documentation (if any) by email to registrar@bmcc.cuny.edu

Please allow 2-3 weeks for an appeal decision via email

8-digit CUNYfirst ID or 9-digit Social Security Number: _____

Last Name	First Name	Previous Name (if any)
-----------	------------	------------------------

Date: _____ Phone #: _____ Email: _____

Semester (Check One): Winter Spring Summer Fall Year: _____

Choose (1) from the following:

- Full Tuition Cancellation (For all courses)
- Partial Tuition Cancellation (For specific courses as indicated below)

- Retroactive Registration

For Office Use Only

Registrar’s Committee Decision

Member 1: _____

Member 2: _____

Member 3: _____

Member 4: _____

Bursar’s Decision: _____