BARUCH COLLEGE
Committees on Academic Standing
Application for Academic Appeal

PART 1:
PERSONAL DATA

Please type or print the following information.

Date: _____

Name: Mr./Ms._____
First Name Middle Initial Last Name

ID #: _____

Address: _____

_____

Tel: _____ _____ _____
Day/Business Evening Cell Phone

E-Mail: _____

PART 2:

COLLEGE DATA: PLEASE CHECK THE APPROPRIATE BOX. I AM APPEALING TO:

- ☐ **Zicklin School of Business**
- ☐ **Weissman School of Arts and Sciences**
- ☐ **School of Public Affairs**
- ☐ **College-COL**

Intended Major: _____

TYPE OF APPEAL: (a) CURRICULAR ADJUSTMENT; (b) EXTENSION TO COMPLETE COURSE WORK; (C) GRADE CHANGE; (d) PERMISSION TO DROP A COURSE AFTER THE DEADLINE DATE; (e) REINSTATEMENT; (f) TOTAL RESIGNATION; (g) OTHER

Please **check** the appropriate box(es) and complete the information listed below. **REASONS MUST BE EXPLAINED IN PART 4.**

PART 3: TYPE OF APPEAL

a.

- ☐ **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 in similar in academic depth and/or fulfills the spirit of the curriculum requirement.

2. Attach copy of the catalogue description and/or a copy of the course syllabus.

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b.

❑ **EXTENSION TO COMPLETE COURSE WORK. (Reasons must be explained in PART 4. *Attachment B* must be completed and submitted with appeal)**

Course number: _____Semester / year: _____

Course number: _____Semester / year: _____

c.

❑ **GRADE CHANGE (STUDENT INITIATED). PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH GRADE CHANGE REQUESTED. YOU MAY ADD ADDITIONAL SHEETS OF PAPER IF NECESSARY. (Reasons must be explained in PART 4. *Attachment A* must be completed and submitted with appeal)**

Course number: _____ Semester / year course completed: _____

Course number: _____ Semester / year course completed: _____

d.

❑ **PERMISSION TO DROP A COURSE(S) AFTER THE DEADLINE DATE. PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH COURSE. (Reasons must be explained in PART 4. *Attachment A* must be completed and submitted with appeal)**

Course number: _____Semester / year course completed: _____

Course number: _____Semester / year course completed: _____

e.

❑ **REINSTATEMENT (Reasons must be explained in PART 4)**

REINSTATEMENT APPLICATIONS FOR THE FALL SEMESTER ARE DUE: NOVEMBER 1
REINSTATEMENT APPLICATIONS FOR THE SPRING SEMESTER ARE DUE: APRIL 1

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

2. Have you taken any courses at another institution since your dismissal from Baruch College?
   If yes, list institution(s): _____
   (If you attended another institution, an official transcript must be attached.)

f.

❑ **TOTAL RESIGNATION (DROPPING ALL COURSES) AFTER THE DEADLINE DATE:**

Semester/year requesting to receive "W" grades: _____

Please submit copies of supporting documentation (medical, employment, etc) to support your request.
(Reasons must be explained in PART 4).

g.

❑ **OTHER – INDICATE YOUR REQUEST (APPEAL). Reasons must be explained in PART 4.**

REQUEST:

_____

_____

_____

PART 4:

ALL INFORMATION BELOW MUST BE TYPED. HANDWRITTEN APPEALS WILL NOT BE CONSIDERED.

Please explain in detail the reason for your appeal. Please be sure to include any supporting documentation (medical, employment, etc.) and any letters from Faculty, Academic Advisors, Counselors, etc. **Requests will not be considered without supporting documentation.** You may attach additional pages (be sure to include your name and ID number on each document and page submitted).

Please submit your appeal to one of the following offices:

Zicklin School of Business: 1 Baruch Way, 13th floor, Room B13-260
Tel: 646-312-3135 Fax: 646-312-3136

Weissman School of Arts & Sciences: 1 Baruch Way, 8th floor, Room B8-265
Tel: 646-312-3890 Fax: 646-312-3891

School of Public Affairs: 135 East 22nd Street, Room 406
Tel: 212-802-5965 Fax: 212-802-5903

Center for Advisement and Orientation: 1 Baruch Way, 5th floor, Room B5-215
Tel: 646-312-4260 Fax: 646-312-4261

For Office Use Only:

Appeal approved: _____ Date: _____

Appeal denied: _____ Date: _____

Appeal tabled until: _____ Date: _____

Baruch College

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 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? _____

LAST DAY OF ATTENDANCE: _____
{Must be completed by Faculty Member}

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

(4) Average in course _____

(5) Please add any comments you have that might be helpful in supporting your recommendations: _____

_____

_____

***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 recommendations.*

Baruch College

ATTACHMENT B
RECOMMENDATIONS FOR THE COMMITTEES ON ACADEMIC STANDING

EXTENSION TO RESOLVE AN ABS OR INC GRADE

Date _____

Name _____

Address _____
Street City

_____
State Zip Code

I am applying to have an extension to resolve my INC _____ ABS _____

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

ABS _____ or INC _____ Grade

Until _____
Month/Day/Year

Instructor's Signature _____

Date _____