



Petition to the Committee on Academic Policy & Standards

APPEAL of DENIAL

Date: _____ CUNYfirst Empl ID #: _____

Name: _____
LAST FIRST

Address: _____

Telephone: _____ City State Zip Code
Date of Birth: _____

Student York College Email: _____

Preferred Email: _____

Please indicate the type of petition you are Appealing: _____

If you are Appealing for Readmission/Dismissal, please indicate the semester & year in which (if approved) you will return FALL SPRING Year: _____

IMPORTANT!!

Please attach your previously denied petition application to this Appeal of Denial.

If you are Appealing for Readmission/Dismissal have left York College, have you attended any other institutions? Yes No

If yes, Name: _____ Date Attended: _____

If **YES**, please attach a copy of the Transcript from the institution to your submission.

Please fill out all above areas COMPLETELY.

Appeal of Denial meetings are only held once during the Fall and Spring semesters.

The submission of a petition/appeal does not guarantee an approval.

I hereby certify that all the above information is accurate and complete. I understand that the information in this petition will be kept confidential and will be used for the CAPS Committee’s purposes only.

Please Sign below:

Student Signature: _____ **Date:** _____

(All decision records are kept on the Office of Student Academic Services (OSAS) Secure Portal and Database. For all CAPS Committee decisions, please reach out to the OSAS department at osas@york.cuny.edu.)

