Petition to the Committee on Academic Policy & Standards

Summer 2024 Readmission

Please note: All Summer Readmission petitions must be accompanied by a Fall Readmission petition application. Any Summer Readmission petitions submitted without the co-submission of a Fall Readmission petition will not be reviewed.

Date: _____ CunyFirst Empl ID #: _____ Date of Birth:_____

Name: _____ _____
LAST FIRST

Address: _____ Telephone: _____
CITY STATE ZIP CODE

York College Email:_____ Preferred Email:_____

All students must indicate the Summer session they anticipate attending if approved. To search course availability York's Summer Sessions for the best-informed decision, check CunyFirst.

Please indicate which Summer Session you would like to apply for. (You may only check off one)

Summer Session 4 Week 1 ☐ Summer Session 7 Week 1 ☐

Summer Session 4 Week 2 ☐ Summer Session 10 Week ☐

If the above section is not filled out completely your application will NOT be reviewed.

Since leaving 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.

All students are required to submit this petition application, a personal statement explaining their extenuating circumstances for past poor academic performance, valid photo ID, and any documentation to support their claim in their personal statement to the OSAS Secure Portal in order to be reviewed by the Committee on Academic Policy and Standards (CAPS) Committee. Please be aware, depending on the type of petition you are submitting, additional information/documentation may be required of you to submit for a complete application.

The submission of a petition 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.)