

Petition to the Committee on Academic Policy & Standards

APPEAL of DENIAL

Date: _____ CUNYfirst Empl ID #: _____

Name: _____
LAST FIRST

Address: _____

Telephone: _____ Date of Birth: _____

Student York College Email: _____

Preferred Email: _____

If appealing Readmission denial, please indicate the term you are requesting readmission for:

☐ FALL ☐ SPRING Year: _____

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.

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

All students are required to submit this petition application, a personal statement explaining their extenuating circumstances, 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.)