

## **Petition to the Committee on Academic Policy & Standards**

Petition For: (Please Check One)	Date: CUN	IYfirst Empl ID #:	
Grade Change	Name:	LAST	FIRST
INC Extension	Address:		
Waiver	Telephone:	Date of Birth:	
Follow Old. Gen Ed.	Student York College Email:		
Other	Preferred Email:		
	Current: Semester:	Year:	

I am requesting to petition for \_\_\_\_\_\_, for the \_\_\_\_\_, semester. (Please indicate the semester and year your petition request pertains to.)

Please fill out all above areas COMPLETELY.

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

(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.)