

Petition to the Committee on Academic Policy & Standards

Retroactive Withdrawal

Date: _____ CUNYfirst Empl ID #: _____

Name: _____
LAST FIRST

Address: _____

Telephone: _____ Date of Birth: _____

Student York College Email: _____

PLEASE FILL OUT COMPLETELY

Are you Withdrawing from all courses in the semester? ☐ Yes ☐ No

Semester: _____ Year: _____

Course & Course #	Code	Session	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All students are required to submit this petition application, a personal statement explaining their extenuating circumstances that caused them to be unable to complete their class(es), 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.

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.)