SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

You must complete and make an appointment with the Dean of Students if you wish to request an exception to the University’s policy on Satisfactory Academic Progress. The appeal form requires approval from the Dean of Students. You must make an appointment with Student Life’s Administrative Assistant at 718-409-7496.

The appeal form, along with all supporting documentation must be received by the Office of Financial Aid prior to the second week of classes in the semester for which you are requesting reinstatement.

Name: __________________________________ Student ID Number: _____________________

Phone Number: ___________________________

Current Mailing Address: _______________________________________________________________

BASIS FOR APPEAL – Please check the circumstance(s) and attach a typed up statement explaining your extenuating circumstances and how it prevented you from making satisfactory academic progress. Additionally, include how you will meet the satisfactory academic progress moving forward.

☐ Illness or Injury. You (the student) or an immediate family member was injured or ill for an extended period of time. Please attach a copy of a statement from the physician and provide the following information:

Nature of Illness/Injury: _________________________________________________________

Date(s) of Illness/Injury: _________________________________________________________

Name of Physician: _____________________________________________________________

☐ Death in the Immediate Family. Please attach a photocopy of the death certificate, or death announcement listing surviving family members and complete the following information:

Name of Deceased: _____________________________________________________________

Date of Death: _________________________________________________________________

Relationship to You: ____________________________________________________________

☐ Other extenuating Circumstances. You (the student) experienced some unusual situation not listed above. Attach a detailed typed statement explaining your unusual situation.

For Office use only:
Previous appeal: _____________________ Appeal approved: _____________________

Appeal Processed: _____________________ Appeal denied: _____________________

Reason for not meeting SAP: _____________________ Date: _____________________