



APPEALS FORM

Date: _____

Name: _____ CUNYFirst ID #: _____

Email: _____ Phone #: _____

For what semester are you appealing? _____

What are you seeking from this appeal? _____

Explain the reason for your appeal. Detail the extenuating circumstances that occurred during the semester for which you are appealing and the reason(s) you were unable to withdraw by the deadline.

Multiple horizontal lines for writing the explanation.

Do you have proof of the explanation above? If so, list what credible documents you have provided. Please note, documents must have dates that coincide with the semester for which you are appealing.

Horizontal lines for listing proof documents.

Do you plan on registering for classes at Hostos again? If so, please detail how your circumstances have changed and how you plan to succeed academically moving forward.

Horizontal lines for detailing future plans.

APPEALS FORM

For Office Use Only:

Balance/Refund: _____

Student Group / Advisor: _____

Semester	Course	Grade

Documents Provided _____

Dates on Documents: _____

Administrative Action Needed: _____

Comments: _____

Decision: _____