



Registrar's Office
Organizational Management Program
1 South Blvd.
Nyack, NY 10960
Phone: 1-845-675-4464
Fax: 1-845-353-1297

Academic Drop Appeal Request

Complete this form and return it to the School of Bus. & Leadership –Academic Office, Attn: Giselle Torres.

Name: _____ ID #: _____ Cohort Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number (circle one: Home / Work / Cell): _____

Please provide an honest explanation of your academic performance this term:

Will you agree to complete and submit all unfinished assignments, especially applied summary papers, within the next eight weeks?

Please list specific steps you will take to improve your performance if allowed to return:

Will you agree to meet with your Primary Instructor, by phone or in person, to present your progress and be held accountable at least twice a month?

By signing below I acknowledge that if allowed to return, I:

- 1. Commit myself to the action plans stated above.
- 2. Recognize that failure to follow the steps listed above will result in my being administratively withdrawn, assuming full financial and academic responsibility.

See page 34 of the OM Student Handbook.

Signed _____ Date _____