

Nyack College

Academic Drop Appeal Request

In order to have your appeal reviewed; this form must be filled out in detail and sent back to the Division of Student Success [COMPASS]
via fax: 845-353-4906, as an attachment to : Cari.Davis@Nyack.edu
or by mailing it to: Nyack College, Division of Student Success [COMPASS], Bell Tower, 1 South Blvd, Nyack, NY 10960
. No appeals will be accepted for Spring 2012 after Friday, January 20th.

Date of Request_____

Name_____ Student ID no. _____

Address_____

E-mail address_____ Phone number_____

Resident or Commuter student? _____ Semester of Academic Drop_____

Major_____ Advisor_____

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

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

Will you agree to re-taking failed courses if offered your semester of return?

Will you agree to meet with an assigned probationary advisor to present your progress and be held accountable at least twice a month?

Will you agree to attend every class?

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

1. Commit myself to the action plans stated above
2. Submit myself to the plan my Academic Advisor deems necessary for my academic success.
3. Recognize that failure to follow the steps listed above will result in my being administratively withdrawn, assuming full financial and academic responsibility. The catalog states "no refund is given for courses dropped after the add/drop period."

Signed_____ Date_____