

Nyack College / ATS

Academic Dismissal Appeal Request

Graduate Degree Programs

In order to have your appeal reviewed, this form must be filled out in detail and sent back to the Dean or Director of your program

Name _____ Student ID No. _____

Address _____

Email Address _____ Phone Number _____

Social Security No. _____ Date of Request _____

Semester of Academic Dismissal _____ Cumulative GPA _____

Graduate School (check one): ATS AGSC MSED MBA MSOL

Degree _____ 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 regularly?

Will you agree to attend every class & complete all assignments in a timely manner?

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 the Dean of the School and my 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 Recognize that failure to follow the steps listed above will result in my being administratively withdrawn, assuming full financial and academic responsibility.

Signed _____ Date _____