

# 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 before the FIRST Friday of the semester**

**PLEASE NOTE: The LAST day to Appeal will be the FIRST Friday of the Semester. No appeals will be considered after this time. Thank you!**

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 Recognize that failure to follow the steps listed above will result in my being administratively withdrawn, assuming full financial and academic responsibility.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