

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 Mr. Shawn Roseburgh, as an attachment to:

Shawn.Roseburgh@Nyack.edu

or by mailing it to: Mr. Shawn Roseburgh, Division of Student Success; 2 Washington Street, Room 1911, New York, NY 10004,

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 _____

E-mail address _____ Phone number _____

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 Recognize that failure to follow the steps listed above will result in my being administratively withdrawn, assuming full financial and academic responsibility.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