

Department of Nursing - Tracking and/or Appeal Form

Please submit this completed form to Ms. Codrington at scodrington@citytech.cuny.edu

Purpose for completing this form*

This form is to submit an appeal to the Nursing Department for the following considerations ONLY:

Requesting a semester off (Fall/Spring Year):
Requesting to repeat a NUR course with a failing grade: Course Number(s):
Desire to continue in the program: Academically dismissed (Fall/Spring Year): Took a leave of absence, Request to be reinstated in the program Other Last semester attended (Fall/Spring Year):

***Final Grade Appeal:** If you wish to appeal a final grade, **do not** use this form. Refer to the procedure in the college catalog under “Appealing a Final Grade”.

Instructions for completing this form:

1. Please state your reason(s) for this appeal and attach relevant documentation to support your appeal request.
2. Once you submit this form, it will be forwarded to the Nursing Department Appeals Committee.
3. After the Appeals Committee deliberates, you will be informed of the decision within 4 weeks.

Print Name:	Empl ID:
Date of Appeal:	Cell Phone Number:
City Tech Email Address:	Program: AAS RN-BS
Signature:	

Student's Comments: (Attach additional documents if needed)

DO NOT WRITE BELOW THIS LINE. APPEALS COMMITTEE USE ONLY

Comments:

<p>Informed by:</p> <p>Date :</p>

Office Use ONLY

<p>Appeal Decision</p> <p>Approved:</p> <p>Denied:</p>
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