



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar
300 Jay Street, Brooklyn, NY 11201
Telephone (718) 260-5800

OFFICE USE ONLY	
APPROVED : <input type="checkbox"/>	DENIED: <input type="checkbox"/>
DATE: _____	
ROR Committee: _____	

Review of Records Appeal

Using your campus email, please send completed form to Registrar@citytech.cuny.edu

Students have a calendar year from the date the semester began to appeal tuition charges.

SEMESTER BEING APPEALED : _____ DATE OF APPEAL: _____

STUDENT NAME: _____ EMPLID: _____

FULL ADDRESS: _____

EMAIL: _____ PHONE : _____

****Balances that are transferred to a collections agency can no longer be paid to NYCCT and must be paid in full with the collections agency to have the collections holds removed. Accounts in collections will be subject to the collection agency's processing fee that must be paid in addition to the principal balance.****

Appeal Guidelines: The college will only consider appeals based on circumstances unforeseen and beyond your control, however, submission of this form due to extenuating circumstances does not guarantee approval. The outcome of this appeal will depend on the nature of circumstances, financial aid awarded, attendance records, and the quality of the supporting documentation provided.

Appeals are reviewed by the committee on a monthly basis during the months of: March, April, May, July, October, November, December. Students will receive notification regarding their appeal by the end of the following month, however some appeals may take longer. Non-attendance appeals may require more time to review. The Registrar Appeals Committee will send all appeal communications from Registrar@citytech.cuny.edu. Please be aware that all correspondence will be sent to your City Tech email address or a letter will be mailed. **All committee decisions are final.**

Please select ONE reason for the appeal. All documentation must include a written statement & proof.

<input checked="" type="checkbox"/>	Reasons for Appeal	Documentation Required
<input type="checkbox"/>	Medical circumstance -Illness/Injury	Medical records with effective dates
<input type="checkbox"/>	Death in the family	Death certificate
<input type="checkbox"/>	Legal Issue	Court papers with effective dates
<input type="checkbox"/>	Military Services	Copy of military orders with effective dates
<input type="checkbox"/>	Non-attendance in all registered courses	May require additional proof at registrar discretion
<input type="checkbox"/>	Billing error/miscalculation	Calculations done by college

PLEASE READ THE FOLLOWING:

I am requesting the initiation of the process of "Review of Records" by your office. The action/decision will be performed according to the rules & regulations of the college and C.U.N.Y. **I understand that the committee decision is final and that I must provide your office with appropriate documentation to substantiate this review.** I certify that the above information is accurate.

Student Signature: _____

In the absence of a written signature: submission from your campus email to Registrar@citytech.cuny.edu will suffice.

