

Lehman College

The City University of New York
250 Bedford Park Boulevard West
Bronx, New York 10468-1589

Office of Academic Standards and Evaluation

Shuster Hall, Room 280
Phone 718.960.8104 Fax 718.960.7390
Website: www.lehman.cuny.edu

APPEAL FORM

Explain the reason(s) for your appeal and attach **all** the relevant documents that support your case. If your appeal involves a **specific** semester, course, or course section, please include that information.

We will notify you by letter of the Committee's decision as soon as possible.

I am appealing to the Committee concerning:

- ☐ Denial of Admission/Readmission
- ☐ Withdrawal after Deadline (*Retroactive*)
- ☐ Late Drop/Add of courses
- ☐ Drop for Poor Scholarship
- ☐ *Substitution under the CUNY F policy*

☐ Other (Explain): _____

Name: _____ S.S.#: _____
Last First

Address: _____
Street Apt. City State Zip Code

Daytime Telephone No(s).: (_____) _____
Please circle: home – work – cell – beeper

E-mail: _____
(_____) _____
Please circle: home – work – cell – beeper

Signature

Date