## NAME

## HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK DIVISION OF STUDENT AFFAIRS Office of Advising Services

Appeal Form for matters other than Extension of time for IN & Academic Grades

LAST	FIRST	Soc. Sec. No	
Day Phone AREA CODE NO. & EXT.	Eve Phone AREA NO. EXT.	Birthdate MO. DAY YEA	R
Address:			
APT. NO. OR IN-CARE-OF	NO. & STREET BO	ORO TOWN OR CITYSTATE ZIP	
PRESENT STATUS: Please check	as māny as apply:		
New Admission Day			rst attendance
Readmission	Non-Matric (Pre-M. Non-Matric (Matric		in attendance
Graduating senior SEE		e grad) last seme	n attendance
COURSES INVOLVED If any: Course Number	No. of Credits	Semester Taken	Grade
	1.00 01 01 0000		3.400
Date	Student's Signatur	re	
If an advisor wishes to mak	Student's Signature a recommendation, it should be atta		warded to the Coordinate
If an advisor wishes to mak for Appeals, P.O. Box 368. DO NOT WRITE BELOW THIS		ached to the appeal form and for	
If an advisor wishes to mak for Appeals, P.O. Box 368. DO NOT WRITE BELOW THIS	te a recommendation, it should be atta	ached to the appeal form and for	
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for Appeals, P.O. Box 368.  DO NOT WRITE BELOW THIS ACTION:	te a recommendation, it should be atta	ached to the appeal form and for	
If an advisor wishes to make for Appeals, P.O. Box 368.  DO NOT WRITE BELOW THIS ACTION:  APPROVED DENIED	te a recommendation, it should be atta	Coordinator for Appeals	