

Due Date: _____

Petition for Retroactive Withdrawals/Retroactive Leave of Absence

The Committee on Academic Policy & Standards

Telephone number: 718-262-2770 Room 4G04

Date: 4/08/21

Name: ESTHEFANI MORAN
_____ Last First Middle Initial

Address: 308 kingsborough 3rd walk
_____ Apt: 6f

City: brooklyn State: ny Zip

Code: 11233 Telephone: (Cell) 347-419-560 (Home)

Last 4 Digits of Social Security Number: 2765 Date of Birth 12 / 13 / 2001 Student

ID: 24066167 York College Email:

esthefani.moran@yorkmail.cuny.edu

Are you withdrawing from all courses? ☐ Yes ☐ No

Semester and Year: ☐ Fall ☐ Winter ☐ Spring ☐ Summer 2020/2021

Course & Course &

Course number Code Section Grade Course number Code Section Grade

anth 101 , eng 125 , geol 110 , sd 110 , spch 101

Reason for Request: Student must submit a typed statement, the last date of attendance from each instructor or department and supporting documentation!

I hereby certify that all the above information is accurate and complete. I understand that the information in this petition will be kept confidential and will be used for the Committee's purpose only.

Esthefani Moran 04/08/21
Signature Date

☐ Personal Statement ☐ Documentation ☐ No Documentation ☐ LDA Initial _____

= ☐ Approved ☐ Denied

Committee Comments:

_____Chairperson's Signature

_____/_____/_____
Petition Received Stamp Here
