Petition to the Committee on Academic Policy & Standards

Due Date:			
Petition For: Appeal of Dismissal Readmission Appeal of Denial	I. Date:		
	Name: Last:	First:	Middle Initial:
	Address:		Apt:
	City:	State:	Zip Code:
	Telephone: (Cell)	(Home)	
	Last 4 Digits of Social Security Number:	Dat	re of Birth//
	Student ID: York (College Email:	
II. Requesting for:	fall Winter Spring	<u> </u>	
Since leaving York Col	lege, have you attended another college.	/university?	
No			
Yes Name of	`Institution	Date Attended	
YOU MU	ST ATTACH COPY (IES) OF THE T	TRANSCRIPT (S) TO T	HE PETITION.
indicate a probability for allowed readmission to	demic performance if readmitted, and an or future academic success. Please inclusive York College. the above information is accurate and co	de a plan on how you wi	ll be successful if
petition will be kept cor	nfidential and will be used for the Comn	nittee's purpose only.	
Student Signature:		Date://	
•	Documentation No Documentat		
□ Approved □ Denie	ed		
Committee Comments:			
		Petition I	Received Stamp Her
		-	
		-	
Chairperson's Signature			
/			
Meeting Date			