York College City University of New York
School of Health Sciences and Professional Programs
Student Progression and Retention Committee Appeals Form

SHSPP Student Appeal Procedure

Please follow these guidelines:

- Within five business days of receiving a certified letter of a departmental action such as dismissal or probation to file an appeal.

- The appeal is made in writing: formally typed, double spaced, and dated with contact information including e-mail address and telephone number. The letter requesting an appeal should include any supporting documents and submitted to the Office Assistant for the School of Health Sciences and Professional Programs (AC 2H07) (addressed to the attention of Chair for SHSPP Student Progression and Retention Committee) or sent via email to SHSPP Appeals@york.cuny.edu.

- The student will notified by the SHSPP Committee Chairperson via e-mail and two mailings via postal and certified mail of the hearing date and time.

- Students will have an opportunity to present in person all supporting materials at the scheduled SHSPP Appeal hearing.

- After the meeting, the student will be notified within five days of the Committee's decision. The Committee decision is final.
York College, City University of New York  
School of Health Sciences and Professional Programs  
Student Progression and Retention Committee Appeals  
Cover Sheet

Student’s Last Name: ____________________ First Name: _______________________
CUNYfirst ID Number: ___________ Major: ___________ Email: ___________________
Mailing Address: __________________________________________________________
City: __________________________       State: ___________        Zip: _______________
Telephone: Home _____________________  Work: ______________________________
Cell Phone: _____________________

All requests are made in writing (formally typed, double spaced, dated and signed and include CUNYfirst ID number) and attach any supporting documents. Attach this cover sheet to appeal letter and supporting documentation.

Student signature:________________________________________ Date:__________

Supporting Documents:
Check (✓) all that apply:  [ ] Personal Statement  [ ] Documentation of Extenuating Circumstances  [ ] Transcript  [ ] Other: ________________________________
[ ] I am NOT submitting Supporting Documentation