

Petition to the Committee on Academic Policy & Standards

EXCESS CREDITS

Date: _____ CUNY first Empl ID #: _____

Name: _____
LAST FIRST

Address: _____
City State Zip Code

Telephone: _____ Date of Birth: _____

Student York College Email: _____

Semester: _____ Year: _____ (Enter the semester you are requesting the excess credits)

What semester do you plan to graduate? _____

What is your current overall GPA? _____

How many credits are you petitioning for? _____ (total amount of credits for semester)

PLEASE FILL OUT COMPLETELY

In the area below, please indicate the courses you are currently registered for, and the courses you wish to register for if approved for excess credits. (If you are taking a course with a LAB attached, please indicate so and write 0 credits under the 'credits' column):

Course & Course #	Code	Credits	Session	Start/End Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note; students must include a personal statement if their GPA is below 3.0