

Registration Review Appeal

Please Print				Date
STUDENT INFORMATION				
Name			CUNY ID #	
Name Last (Family Name)	First	Mid	ldle	
AddressNumber and Street		Apt. #	City	State Zip Code
QC Email				@qmail.cuny.edu
Email Address (personal)		Telep	hone No	
Semester for which the appeal is being request	ed (one appeal for	m per semester):		
Note: The statute of limitation for appeals is obe considered.	one year from the to	erm in question. Ap	ppeals exceeding this	one- year period will not
Please read before submitting an appeal (check questions.	the boxes that app	ply to you). Refer t	o the Undergraduate	Bulletin if you have any
If you check any of the boxes in the first section	on below, please re	solve these issues l	pefore filing the appear	al:
☐ Did you receive financial aid or loans d ramifications of this appeal being grant		you are appealing	? Talk to a Financial A	Aid Advisor about the
☐ If you received any grade other than <i>Wi</i> changed to a <i>WN</i> before submitting this			ith your professor to h	nave this grade
☐ If failure to drop classes, nonattendance are issues, note that they are <i>not</i> valid re				lity to pay your bill
Assigned grades are not appealed throu attendance. Please contact the department			a WN indicates that y	ou were in
☐ Is your permit class in question? Resolv	ve this with the Re	gistrar's Office and	or Admissions Office	e. (Bulletin, page 64)
Questions about change of program or representative will respond to you within			he Bursar's Office via	email and a
IF YOU CHECKED A BOX ABOVE, DO FIRST BEFORE FILING AN APPEAL A Below are valid reasons for appeals to be cons	PPLICATION.			IE ABOVE ISSUES
☐ Appealing tuition charges—If you were circumstances, attach original and supp	* *	• •		or have extenuating
☐ If you incurred charges as a direct resultatach original and supporting documents.			on of a Queens Colleg	ge representative,
☐ If you were enrolled at another college	for the semester yo	ou are appealing, at	tach official proof of	registration and
a paid bill.				(continued on next page)

INSTRUCTIONS

Briefly state the nature of your request in the section below. Be as specific as possible; if appropriate, note the semester and amount in dispute. Please attach supporting documentation.

I am disputing course/courses	in the amount of \$	_ because			
I am supplying the following supporting materials for consideration:					
☐ Medical documentation					
☐ Department letter					
☐ Official proof of attendance at another institution and paid bill					
☐ Accident report					
☐ Death certificate and obituary					
Signature	Date				
Note:					
• Submit the completed appeal with your electronic signature and supp	orting documentation to the RRC appeal email:				
Student.Advocacy@qc.cuny.edu.					
• Decisions will be sent to your email on file in CUNYfirst within six v	veeks. ALL DECISIONS ARE FINAL.				
DO NOT WRITE BELOW THIS LINE - FOR REVIEWER USE ONLY					
DECISION: Yes No Action:					
Approved by:	Date				

