



Registration Review Appeal

Date _____

Please Print

STUDENT INFORMATION

Name _____ CUNY ID # _____
Last (Family Name) First Middle

Address _____
Number and Street Apt. # City State Zip Code

QC Email _____ @qc.cuny.edu

Email Address (personal) _____ Telephone No. _____

Semester for which the appeal is being requested (one appeal form per semester): _____

Note: The statute of limitation for appeals is one year from the term in question. Appeals exceeding this one- year period will not be considered.

Please read before submitting an appeal (check the boxes that apply to you). Refer to the Undergraduate Bulletin if you have any questions.

If you check any of the boxes in the first section below, please resolve these issues before filing the appeal:

- Did you receive financial aid or loans during the semester you are appealing? Talk to a **Financial Aid Advisor** about the ramifications of this appeal being granted.
- If you received any grade other than *WN* and were not in attendance, work with your professor to have this grade changed to a *WN* before submitting this appeal. **(Bulletin, page 68)**
- If failure to drop classes, nonattendance, not receiving the financial aid you expected, and/or inability to pay your bill are issues, note that they are *not* valid reasons for an appeal. **(Bulletin, page 31)**
- Assigned grades are not appealed through this process. Any grade other than a *WN* indicates that you were in attendance. Please contact the department in question. **(Bulletin, page 68)**
- Is your permit class in question? Resolve this with the Registrar’s Office and/or Admissions Office. **(Bulletin, page 64)**
- Questions about change of program or late registration fees? Please visit the Bursar’s Office to discuss the waiver of these fees.

IF YOU CHECKED A BOX ABOVE, DO NOT GO FURTHER. YOU MUST RESOLVE THE ABOVE ISSUES FIRST BEFORE FILING AN APPEAL APPLICATION.

Below are valid reasons for appeals to be considered (check the boxes that apply to you):

- Appealing tuition charges–If you were misadvised, dropped by a department due to prerequisites, or have extenuating circumstances, attach original and supporting documentation to your request.
- If you incurred charges as a direct result of an erroneous action or the inaction of a Queens College representative, attach original and supporting documentation to your request.
- If you were enrolled at another college for the semester you are appealing, attach 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.

STUDENT'S STATEMENT

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 supporting documentation to the RRC appeal email: **rrcappeals@qc.cuny.edu**.
- Decisions will be sent to your email on file in CUNYfirst within six weeks. **ALL DECISIONS ARE FINAL.**

DO NOT WRITE BELOW THIS LINE – FOR REVIEWER USE ONLY

DECISION: Yes No Action: _____

Approved by: _____ Date _____

