UNDERGRADUATE ACADEMIC FORGIVENESS APPEAL APPLICATION

Step 1:

Student Name ____________________________________________

Student ID @_________________________ Phone ____________________________

Email address: _______________________________

Original Major ___________________________ Year you entered FIT _________________

Requested Major/Semester ____________________________

Were you a full-time day student_____ or evening/weekend_____? Year of last attendance _________________

Have you previously submitted an application to appeal academic dismissal?  YES  NO

If yes, date of submission _____________

Grade point average (GPA) at time of last attendance _____________

Briefly summarize why you are making this appeal; use another page to write your full statement. You may wish to explain your poor performance. You may attach information about your past academic record or what you see as your potential to complete college study.

I have read and understand the information provided in the Academic Forgiveness Policy Guidelines. All information I wish to present for my appeal to the Faculty Senate Committee on Academic Standards is on this form or enclosed with it.

Signature: ___________________________ Date: _____________

________________________________________________________________________

Received by Registrar’s Office (date) __________ Signature: ____________________________

(print name): ____________________________

Received by Major Department (date) __________ Signature: ____________________________

(print name): ____________________________

Student completes Step 1 only
Student Name ______________________________________________

Step 2: Chair or designee is required to provide a statement with special attention to your assessment of the student’s performance, ability to succeed in the major and extenuating circumstances, if any.

Department: ________________________________________________

Based upon review of the materials presented, the Department makes the following recommendation to the Committee on Academic Standards:

☐ Recommend for Conditional Re-Admission

☐ Not recommended for Conditional Re-Admission

COMMENTS:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Signature:_________________________________________ Print name:_________________________________________

Title: _______________ Date: ___________ ___

Email: ___________________@fitnyc.edu Phone: ___________________

Step 3: Dean is required to provide a statement with special attention to your assessment of the student’s performance, ability to succeed in the major and extenuating circumstances, if any.

Dean of the School of Art & Design ☐
Dean of School of Business and Technology ☐
Dean of School of Liberal Arts ☐

Based upon review of the materials presented, the Dean makes the following recommendation to the Committee on Academic Standards:  ☐ Recommend for Conditional Re-Admission

☐ Not recommended for Conditional Re-Admission

COMMENTS:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

School Dean’s Signature: ____________________________ Date: __________________________

Print name:_________________________________________
Step 4: To be completed and signed by the Committee on Academic Standards:

Based upon review of the materials presented, the Committee on Academic Standards makes the following recommendation to the Vice President for Academic Affairs:

☐ Recommend for Conditional Re-Admission

☐ Not recommended for Conditional Re-Admission

COMMENTS:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Committee on Academic Standards
Chairperson’s Signature ___________________________ Date ________________

Print name: ____________________________________________

Step 5: To be completed and signed by the Vice President for Academic Affairs:

Based upon review of the materials presented, I agree/disagree with the recommendation of the Committee on Academic Standards. I recommend the following:

☐ Recommend for Conditional Re-Admission

☐ Not recommended for Conditional Re-Admission

COMMENTS:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature: ____________________________________________ Date: ________________

Vice President for Academic Affairs

Distribution: Student
Office of Records & Registration
Office of Admissions