



LEHMAN
COLLEGE

Office of Academic Standards and Evaluation
Undergraduate Advisement
 250 Bedford Park Boulevard West, Shuster Hall 280
 Bronx, NY 10468
 Phone: 718.960.8104 Fax: 718.960.7390
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Undergraduate Appeal Form

In a **typed** letter, explain the reason(s) for your appeal and attach **all** the relevant documents that support your case. If your appeal involves a specific semester, course, or course section, please include that information.

You will be notified in writing of the Committee's decision.

Appeal type:

- | | |
|---|---|
| <input type="checkbox"/> Readmission | <input type="checkbox"/> Reinstatement of SAP |
| <input type="checkbox"/> Withdrawal after deadline | <input type="checkbox"/> Course deletion |
| <input type="checkbox"/> TAP waiver | <input type="checkbox"/> Total medical withdrawal |
| <input type="checkbox"/> Substitution under the CUNY F policy | <input type="checkbox"/> Other |

Name: _____ EMPL ID: _____
Last First

E-mail: _____

Address: _____
Street Apt. City State Zip Code

Telephone: _____
cell home / work

Signature Date