

Lehman College

The City University of New York

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APPEAL FORM

Name _____ SS# _____
Last First

Address _____
Street City and State Zip Code

Telephone _____
Home Office

Status (check one) Matriculated _____ Nonmatriculated _____ If matriculated, Program _____

Fill in the purpose of your appeal below, and then explain clearly, but in detail, the situation that led to this appeal. Include exact course and section numbers if applicable. Supporting documents such as letters from professors, employers, doctors, etc. may be attached or submitted separately. You will be notified by letter of the decision. Attach additional sheets of paper as necessary.

Details:

Date

Signature