

Office of the Registrar Feldman Center Room C158 Telephone (212) 217-3820 Fax (212) 217-3821

Email FIT\_Registrar@fitnyc.edu

## 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 eveni	ing/weekend? Year of last attendance
Have you previously submitted an application to	o appeal academic dismissal? YES NO
	If yes, date of submission
Grade point average (GPA) at time of last attend	dance
	eal; use another page to write your full statement. You may wish to explain ation about your past academic record or what you see as your potential to
	ovided in the <b>Academic Forgiveness Policy Guidelines</b> . All information I wish 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:
<del></del>
<del></del>
School Dean's Signature:Date: Print name:

Office of Records & Registration

Office of Admissions