

Appeal to Graduate Policies

Student Progress and Status / Academic Policy Committee
c/o Academic Advisement 100 Netzer Administration Building SUNY Oneonta
Oneonta, New York 13820
Phone: (607) 436-3390 Fax: (607) 436-3392
spsc@oneonta.edu

Please Print Clearly:

NAME _____

A _____

STUDENT I.D. NUMBER _____

STUDENT EMAIL _____@oneonta.edu

PROGRAM _____

CONCENTRATION _____

Please check the box and complete the applicable section (click on policy title to view the current policy):

COURSE REPEAT POLICY

Graduate students are not permitted to repeat courses. Students who attempt to repeat a course will be dropped from the course.

Appeals

Students who wish to appeal the repeat rule may do so using the Graduate Appeals Form to outline their request. The student's faculty advisor and department chair or director of the student's program each review the form and make recommendations to The Student Progress and Status Committee. The Student Progress and Status Committee reviews and makes recommendations to the Provost or Provost's designee for final decision.

Repeating courses may have an impact on financial aid. Students considering repeating courses should discuss it with their financial aid counselor.

Course Information

A) Identify the course you wish to repeat	Subject Code	Course Number	Course Title	s.h.	Semester and Year you wish to take the course

B) List each time you took the above course and the grade earned in each semester	List each Semester and Year the course was taken	List each grade earned

C) Attach a written and signed justification for why you think this appeal should be granted. Include any supporting documentation.

D) I have submitted this form and provided all the necessary information. I understand submitting an appeal is not a guarantee of acceptance of my appeal, and if approved, repeating the course may affect my financial aid and time to degree completion.

Student Signature _____ Date _____

TIME LIMIT FOR COMPLETING DEGREE REQUIREMENTS POLICY

A student may request an extension of the time limit by submitting to the Student Progress and Status Committee a written appeal that documents the extenuating circumstances contributing to the need for an extension. The student's faculty advisor and the department chair or director of the student's program each review the request and make recommendations to the Student Progress and Status Committee. The Student Progress and Status Committee reviews then makes recommendation to provost or designee.

A) Attach a written and signed justification for why you think this appeal should be granted. Include any supporting documentation.

B) I have submitted this form and provided all necessary information. I understand submitting an appeal does not guarantee acceptance of my appeal.

Student Signature _____ Date _____

 **REGISTRATION/MAXIMUM CREDIT POLICY**

Matriculated graduate students may register for a maximum number of credits as follows:

- During a spring or fall semester, the maximum is 15 credits.
- During winter and summer terms that are more than three weeks long, the maximum number of credits is equal to the number of weeks in the term.
- During winter and summer terms that are up to three weeks long, the maximum is four credits.

Appeals

A student may request to take more than the maximum as stated herein by submitting an appeal to the committee on Student Progress and Status.

Overload Permission

Term requested Fall Winter Spring Summer

A) Attach a written and signed justification for why you think this appeal should be granted. Include any supporting documentation.

B) I have submitted this form and provided all the necessary information. I understand submitting an appeal is not a guarantee of acceptance of my appeal, and if approved, may affect my time to degree completion.

Student Signature _____ Date _____

ADVISOR AND CHAIR RECOMMENDATIONS (any notes to the Committee may be attached to this form)

Advisor Print Name:	Recommendation: Approve Disapprove	Signature/Date
Chair Print Name	Recommendation: Approve Disapprove	Signature/Date

SPS – APC DECISION: Approve Disapprove Signature _____ Date _____	DATE PROCESSED (FOR APPROVED APPEALS) APPEAL FORM MAINTAINED: Registrar's Office
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