

Appeal to Graduate Policies
Graduate Academic Standards & Appeals Committee
SUNY Oneonta - Oneonta, New York 13820
Phone: (607)436-3274
gradschool@oneonta.edu

Please Print Clearly:

NAME

A

STUDENT I.D. NUMBER

STUDENT EMAIL _____@oneonta.edu

PROGRAM

TRACK

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



COURSE REPEAT POLICY

Matriculated graduate students may be permitted to repeat up to two graduate courses in which they have not earned the minimum satisfactory grade. Each course may be repeated only once, and the course repeat must be approved by the program director or coordinator. For courses that can be taken for credit more than once, the repeat rule will be applied only after the maximum credits are achieved

Appeals

Students who wish to appeal the repeat policy may appeal to the Graduate Academic Standards & Appeals Committee. The program coordinator or director makes a recommendation to the Graduate Academic Standards & Appeals Committee, which makes a recommendation to the Provost's designee. Approval of the appeal does not guarantee immediate availability of the course to be repeated.

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

In order to receive a degree or certificate, candidates must meet all requirements within a period of six calendar years. The time limit begins the term in which the earliest enrolled course at SUNY Oneonta is credited to the degree program. No courses older than six years can be considered as part of the degree unless they are articulated in as transfer credits.

A student may request an extension of the time limit by submitting to the Graduate Academic Standards & Appeals 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 Graduate Academic Standards & Appeals Committee. The Graduate Academic Standards & Appeals 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

The maximum number of credits for which a matriculated graduate student may register varies by semester or term.

- During a spring or fall semester, the maximum is 16 credits.
- During winter term, the maximum is 4 credits.
- During summer session, maximum enrollment across all summer sessions is 13 credits. No more than four credits may be taken in any summer session less than three weeks in duration. No more than six credits may be taken in any one five-week summer session.

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

GASA DECISION: Approve Disapprove

Signature _____ Date _____

DATE PROCESSED (FOR APPROVED APPEALS)

APPEAL FORM MAINTAINED: Registrar's Office