ACADEMIC DISMISSAL APPEAL
INSTRUCTIONS AND COVER SHEET

______________________________                              ________________________________
Name                                                                              Student ID Number

COMMITTEE RESPONSE: All decisions will be mailed to your permanent address. If you wish to receive
an expedited response, please select one of the following methods of communication:

☐ E-Mail to my SUNY.ONEONTA.EDU address
☐ Fax to the following number: (____) __________

The following checklist items are REQUIRED in your typed appeal.

☐ Explanation of your poor performance. (Address those circumstances that had significant impact on
your academic performance, e.g. medical problems, personal or family crises, etc.)

☐ Documentation of any extenuating circumstances that are identified in your appeal. (It is your
responsibility to obtain and submit this documentation. The Committee will not contact offices or
individuals for information.)

☐ Evidence that the circumstances are sufficiently resolved. (Describe the steps you have taken to
resolve the circumstances that negatively affected your academic performance.)

☐ Describe your plan for academic success. What steps will you take to remedy your academic
situation?

☐ The letter must be typed.

Affidavit: (Initial each statement)

☐ I am aware that I am permitted only one appeal.
☐ I understand the Committee’s decision of my appeal is final and not subject to further review.
☐ I have composed the letter myself.
☐ I have SIGNED THIS FORM with my signature.
☐ I am aware that undocumented circumstances will not be taken into consideration.
☐ I understand my materials MUST be received by the deadline date stated in my dismissal letter.
☐ I understand a decision will be faxed, e‐mailed or mailed to me as indicated on this sheet.
☐ I understand I cannot receive any information over the phone.
☐ I am aware I can check my status on‐line through web services, http://webservices.oneonta.edu.
☐ I understand my financial aid eligibility may be affected by my academic standing.

MAIL or FAX this cover sheet, your appeal, and supporting documentation by the deadline stated in
your dismissal letter. We recommend you fax or overnight express your materials.

☐ MAIL:  ☐ FAX: (607) 436‐3084

Graduate Progress and Appeals Committee
Netzer Administration, Room 135
SUNY Oneonta
Oneonta, NY 13820

STUDENT SIGNATURE: ____________________________ Date______________________________
(Required)

All appeals and related materials are confidential and are reviewed only by the Graduate Progress and
Appeals Committee.