Deans Request Form
Graduate Students only
Office of the Dean of Nursing
The City University of New York

This form is used to consider requests to add or delete courses and charges from a student’s record after the published deadlines. A request is considered when there are documented, compelling and unavoidable reasons to grant an exception to policies and/or procedures.

Submission: Brookdale Campus, 425 E. 25th St., Room 528 West, Fax: (212) 481-4070

Student Name: ___________________________ Date: _____ / _____ / _____

Semester/Year: ___________________ Phone Number(s): ___________________ EMPL ID (CunyFirst ID#): ___________________

Student Hunter E-mail (@myhunter): ___________________.

Official responses will be sent to current students via MyHunter email accounts only.

Step 1. A. Check the box corresponding to the exemption you are requesting.

B. Read the section carefully, and make sure you have met the specific criteria (an incomplete form will not be considered):

   □ Add after the deadline. Add course(s) after the end of the registration appeal period. Attach a concise statement (page 2) explaining why you did not register in a timely manner.*
     - Obtain instructor support signature (Step 2) and/or department stamp to join the class.
     - Support is at faculty/instructor and department discretion. Request will not be reviewed without faculty support.
     - You must be prepared to remit payment immediately (if applicable) in the event your request is approved.
     - For information on tuition and fees visit: www.hunter.cuny.edu/bursar
       ▪ Do you currently receive or are you planning to apply for financial aid this semester?  □ Yes.  □ No.

   □ FOR OFFICE USE ONLY
   - Deletion of charges only. Deletion of tuition/fees charges for courses already dropped by student.
     - 25%  □ 50%  □ 75%  □ 100%  □ $18 COP/schedule adjustment fee  □ $25 late registration fee
     - Other: ___________________
     - Proceed to Step 3.

   □ Deletion of Courses/Charges & Financial Aid
     - Did you receive financial aid during the semester for which you are requesting a deletion?  □ Yes.  □ No.

Step 2. Indicate which course(s) you are attempting to add or drop. OBTAIN INSTRUCTOR/DEPARTMENT SIGNATURES AND STAMPS:

<table>
<thead>
<tr>
<th>Action**</th>
<th>Department (e.g. ENGL)</th>
<th>Course # (e.g. 120.00)</th>
<th>Course Code (e.g. 1234)</th>
<th>Course Section (e.g. 01)</th>
<th>Credits</th>
<th>Instructor’s Signature</th>
<th>Date</th>
<th>Departmental Stamp</th>
</tr>
</thead>
</table>

Step 3. Read below, sign, and date. Submit form and any documentation to Office of the Dean of Nursing, room 528W OR to the Graduate Nursing Office, room 508W. By signing this form, you (the student) agree that:

- You have read this form completely and carefully.
- The information included on this request form is correct.
- *Any attached supporting documentation is correct.
- You understand that submission of this form does not guarantee approval of the request.

Financial Aid Agreement: I am responsible for any effect this appeal may have upon my current financial aid award and/or future eligibility.

For more information on financial aid visit: www.hunter.cuny.edu/onestop/finances/financial-aid

Student Signature: ___________________________________________ Submission Date: _____ / _____ / _____
Reason for Request: Write a concise statement explaining the reason for your request, to include the reason(s) you did not meet published deadlines. All required documentation must be submitted with this request form. Additional sheets may be attached.

DEAN OF NURSING DECISIONS ARE FINAL AND CANNOT BE FURTHER APPEALED

For Office Use Only: ___ Approved ___ Denied ___ Other:

Dean of Nursing’s Signature: _______________________________ Date of Review: __________
Dean of Nursing’s Signature: _______________________________ Date of Review: __________
Comments: ________________________________________________
________________________________________________________________________