HUNTER
The City University of New York

Semester_____

REGISTRATION APPEAL FORM

(Please keep this page as a receipt for submission of the appeal form)

Name: _____ **ID #:** _____
Last First Last 4 Digits

The Registration Appeals Committee is the ***only*** college-wide body authorized to review appeals regarding registration. Your attached written appeal will be forwarded to the Committee for review and final decision.

- The Office of the Registrar/Oasis does not review nor make decisions on Registration Appeals.
- Any stops on your record must be resolved prior to submission of your registration appeal.
- Timely submission of your appeal, (**within the first three weeks of the semester**), is a critical factor in the Registration Appeal process.
- Registration Appeals are granted in extreme cases and only when there are documented and compelling reasons to grant an exception to the College's policies and/or procedures.
- Sitting in a class, negligence, employment issues, financial constraints, software and hardware problems, unsatisfactory academic progress, lack of preparation and vacation plans are not considered to be compelling reasons to grant approval.
- You must submit the (attached) "Course Request & Faculty Support Form". You must include any additional relevant documentation to support your appeal.
- Appeals submitted by students who have had a previously approved registration appeal will not be looked upon favorably.
- All applicable fees will be assessed to your bill. Please see the following website for a listing of these fees: www.hunter.cuny.edu/bursar.
- The Registration Appeals Committee will make every effort to notify you of their decision within ***ten*** business days. You will be contacted through your Hunter email address provided.
- All Registration Appeals Committee decisions are final and cannot be further appealed.
- If you have not received a decision after ten days you may contact the Registration Appeals Committee at: regappls@hunter.cuny.edu

Date Submitted:
For Office Use Only:

First Name

Last Name

HUNTER
The City University of New York

OASIS - Room 217 North
695 Park Avenue, New York, NY 10065
http://registrar.hunter.cuny.edu

Semester_____

REGISTRATION APPEAL FORM

THIS APPEAL IS TO ADD CLASSES *AFTER* PUBLISHED REGISTRATION DEADLINES

An appeal is considered when there are documented and compelling reasons to grant an exception to policies and/or procedures. ***Sitting in a class, negligence, employment issues, financial constraints, software and hardware problems, unsatisfactory academic progress, lack of preparation and vacation*** are ***not*** considered to be compelling reasons.

- Only complete appeal forms will be reviewed: (see check list)
- Submit completed appeal forms to the OASIS, Room 217 North
- Timely submission is a critical factor in the Registration Appeal review process
- If you have a stop on your record, you must resolve the stop before a final decision will be given
- All applicable fees will be assessed. For more information on fees visit www.hunter.cuny.edu/bursar

THE REGISTRAR'S OFFICE IS NOT INVOLVED IN THE DECISION-MAKING PROCESS. COMMITTEE DECISIONS ARE FINAL AND CANNOT BE FURTHER APPEALED.

Please print clearly (Use Ink Only)

Name: _____ **ID #:** _____
Last First

Hunter Email Address:

_____
(The response to your appeal will be sent to your Hunter email, except in cases where none has been assigned.)

Telephone Number(s): _____

Reason for Appeal: Write a concise explanation/justification for failure to register and/or pay your tuition during the standard registration and payment process/period. You must attach all required documentation *with* this appeal form.

_____

_____

_____

_____

_____

_____

Last Name _____ First Name_____

Last 4 Digits Student ID/SSN _____ **Semester_____**

REGISTRATION APPEAL: COURSE REQUEST & FACULTY SUPPORT FORM

For Students: Please complete the chart below with all courses you wish to add to your registration.

For Faculty/Academic Departments: The above-named student is requesting to be registered for your class later than the established deadline. By supporting this registration appeal you are also granting an overtally into to class and overriding any existing prerequisites connected to the course(s) being appealed by the student. If you support adding the student to your class, please sign and affix the departmental stamp below. Please understand that many factors contribute to the Registration Appeal Committee's decisions, including student justification for failure to register during the standard registration process, the student's previous appeal history, and delay in submitting the appeal.

Please allow the student to continue to attend your class during the appeal process (usually no longer than 5 – 10 business days from date the appeal is submitted).* An email will be sent to the department chair and administrative assistant notifying you of the Registration Appeal Committee's decision. If you do not receive notification, you may check your web roster at webroster@hunter.cuny.edu OR you may contact regappls@hunter.cuny.edu**.** Under no circumstances should you informally report a grade to a student who is not officially registered in your class.

Check one of the following and specify year. List the course(s) you wish to have considered. If there are any courses that you wish to drop contingent upon the approval of this appeal; please note them below.

Winter 20 _____ Spring 20____ Summer I 20_____ Summer II 20___ Fall 20_____

Department	Action**	Course #	Course Code	Course Section	Authorized Signature from Academic Department *(Required for Course Additions)*	Date *(Required for Course Additions)*	Departmental Stamp *(Required for Course Additions)*
EXAMPLE: English	A	120.00	0407	**003**			

*** NOTE: Students appealing to register for Education courses *cannot* attend classes while the appeal is pending**.

**Action: A = Add a course. D = Drop a course (faculty signature and departmental stamp are not required to drop courses).

Last Name _____ First Name _____

Semester_____

REGISTRATION APPEAL CHECKLIST

Make sure you have responded to each item listed below before you submit this appeal to the OASIS, Room 217 North Building.

I have: *(check or indicate N/A if not applicable, each of the items below)*

____ fully completed **all** items required on the appeal form.

____ attached department/faculty Support form, or have permission on my e-SIMS record.

____ no stops on my record.

By signing this form, you agree that: the information included on this Appeal form is correct; you are prepared to remit payment immediately in the event your appeal is approved; and you understand that submission of this form does not guarantee approval of the appeal.

All applicable fees will be assessed. For more information on fees visit www.hunter.cuny.edu/bursar

Student Signature_____ Date_____

COMMITTEE DECISIONS ARE FINAL AND CANNOT BE FURTHER APPEALED

For Office Use Only:

☐ Appeal Approved

☐ Appeal Approved w/ Exception Email

☐ Appeal Denied

☐ Other

_____

_____

Reviewer's Signatures: (1) _____ Date of Review:_____

Comments: _____

_____

(2) _____ Date of Review:_____

Comments: _____

_____

☐ Overload _____

☐ Stops_____