## **Deans Request Form** Graduate Students only

## Office of the Dean of Nursing



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 Numb			e Number(s): _	EMPL ID (CunyFirst ID#):						
				<i>lent</i> s via MyHur	nter email accour	nts only.				
Step			-	-	on you are reque u have met the s	-	riteria (an incomplete form wil	I not be conside	red):	
	a timely m ☐ Obtain Suppo ☐ You m	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.								
					nter.cuny.edu/bu		mostor? 🗆 Vos. 🗖 No			
	Course d	■ Do you currently receive or are you planning to apply for financial aid this semester? ☐ Yes. ☐ No.  Course deletion. Delete course(s) <u>and</u> charges after the published deadline. Attach a concise statement (page 2) explaining the reason for dropping the course(s) after the published tuition refund deadlines and appropriate documentation* To be considered, you must satisfy the following specific criteria:  ☐ Obtain Dean's signature and department stamp, and indication of last date attended (Step 2).								
	Deletion of 25%	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	eletion of Courses/Charges & Financial Aid								
Step							ting a deletion? Yes. No.		TAMPS:	
Ac A co D	ction** = Add a ourse	Department (e.g. ENGL)	Course # (e.g.120.00)	Course Code (e.g. 1234)	Course Section (e.g. 01)	Credits	Instructor's Signature	Date	Departmental Stamp	
room	<b>508W</b> . By You have rea	signing this fo ad this form co	orm, you (the sompletely and	student) agree t	hat:  *Any att	ached su	e of the Dean of Nursing, room	rrect.	•	
- <i>'</i>	Financial	Aid Agreeme	ent: I am respo	onsible for any	effect this appeal	may have	hat submission of this form do e upon my current financial aid a ces/financial-aid)			
Stude	•						<u></u>	_ Submission Da	te://	

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DEAN OF NURSING DECISIONS ARE FINAL AND CANNOT BE FURTHER	<u>RAPPEALED</u>
For Office Use Only:ApprovedDeniedOther:	
Dean of Nursing's Signature:	Date of Review:
Dean of Nursing's Signature:	Date of Review:
Comments:	