

**BERGEN COMMUNITY COLLEGE
COMMITTEE ON ACADEMIC STANDING
APPEALS FORM**

Student Name: _____ ID#: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Curriculum: _____

WHEN FILLING OUT THIS APPEAL FORM FOR GRADES, YOU MUST HAVE A GRADE OF "E" AND MUST NOT GO BACK FURTHER THAN TWO (2) YEARS FROM THE TIME THAT THE COURSE(S) WERE TAKEN.

YOU MUST PUT THE SEMESTER, THE YEAR AND COURSES FOR WHICH AN APPEAL IS BEING REQUESTED:

	Fall 20__	Spring 20__	Summer 20__	Summer I 20__	Summer II 20__	Winter 20__
Course:						
Course:						
Course:						
Course:						

Appealing "E" Grade(s) to "W"

Other

REASON FOR APPEAL: Please attach any medical or other appropriate documentation to support your appeal. If additional space is required, please attach sheet(s). _____

Student Signature: _____ Date: _____

COMMITTEE ACTION OFFICIAL USE ONLY

GRANTED

DENIED

TABLED

COMMENTS: _____

SIGNATURE: _____ DATE: _____