

BOROUGH OF MANHATTAN COMMUNITY COLLEGE
THE CUNY PROFICIENCY EXAMINATION (CPE) APPEALS COMMITTEE

Fall / Spring 20 _____ SS# _____ - _____ - _____ Major _____
(type or print clearly)

Last Name _____ First _____ MI _____

Address _____

Phone Number : (_____) _____ - _____ E-mail address: _____

Complete both Parts I & II

Part I. I am requesting that I *(please circle the number of all the statements that apply):*

1. Be allowed to take the CPE although I will not have 45 credits at the end of this semester.
I will have completed _____ credits by the end of this semester.
2. Be allowed to take the CPE although I am not in good academic standing.
My current GPA is _____.
3. Be allowed to postpone the University's requirement that I take the CPE in
_____ October, and take the CPE in *(choose one)*: January **or** March
_____ March, and take the CPE in *(choose one)*: June **or** October
4. Have my "forfeit" removed.
5. Remain matriculated.
6. Remain matriculated and be allowed to take the CPE for a fourth (4th) time.
7. Be allowed, *as a non-degree student*, to take the CPE for a fourth (4th) or more time.
8. Other _____

Part II. Reason for the Appeal:

1. Please indicate the reason(s) you feel the Committee should support your request. Please provide any necessary or relevant documentation (e.g., medical, legal, death, employment, etc.). Check with your CPE Advisor to see what information you may need to provide to the Committee. ***(Attach typewritten letter)***
2. Department or Program CPE Advisor's Comments ***(Attach typewritten letter)***

Department CPE Advisor's name (print) Department CPE Advisor's signature Date

Student's signature Date

Please submit this form and any supporting documentation to:
Dean of Academic Affairs, S724

<p>Committee's comments:</p> <p><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Further documentation required</p> <p>Referred to:</p> <p>_____</p>
