

Borough of Manhattan Community College
Pathways Appeals Form

Fall/Spring 20____ CUNYfirst ID # ____ - ____ - ____ - ____ - ____ - ____ Major _____

Last Name _____ First Name _____ MI _____

Mailing Address _____

Phone Number (_____) _____ - _____ BMCC Email Address _____

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

1. Be allowed to opt out of the Pathways general education requirements.

I have already completed _____ credits by the end of this semester and _____ credits will not count towards my current major if I follow Pathways.

2. 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. Please speak with an advisor to see what information you may need to provide to the Committee. (Attached typewritten letter)
2. Academic Advisor's Comments (Attach typewritten letter)

Advisor's name (print)

Department

Advisor's signature

Date

Student's signature

Date

*Please submit this form and any supporting documentation to:
Academic Advisement & Transfer Center, room S108*

*You will receive a response to your appeal within two weeks of
your appeals submission.*

Committee's Comments:	
<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
<input type="checkbox"/> Further documentation required	
Pathways Appeals Liaison:	
_____	_____