



# Miscellaneous Registrar Appeal

Office of the Registrar

Borough of Manhattan Community College  
The City University of New York  
www.bmcc.cuny.edu

199 Chambers Street, S315  
New York, NY 10007-1097  
tel. 212 220-1290  
fax. 212 220-1254

**Instructions:**

1. Fill out the form clearly and completely.
2. A statement of circumstances, written by student, must be attached in order for your appeal to be considered.
3. Provide your email address. You will be notified by email about the decision of your appeal.
4. Submit completed form, statement, along with copies of supporting documentation (if any) to the Registrar's Office, S315.

**8-digit CUNYfirst ID or 9-digit Social Security Number:** \_\_\_\_\_

Last Name	First Name	Previous Name (if any)
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Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate term for which appeal should be in consideration \_\_\_\_\_

**Choose (1) from the following:**

- Full Cancellation (For all courses)
- Partial Cancellation (For specific courses as indicated below)  
\_\_\_\_\_
- Other (Retroactive Registration, etc.)  
\_\_\_\_\_

**Please allow 2-3 weeks for review.**

***For Office Use Only***

**Registrar's Committee Decision**

Member 1: \_\_\_\_\_

Member 2: \_\_\_\_\_

Member 3: \_\_\_\_\_

Member 4: \_\_\_\_\_

Bursar's Decision: \_\_\_\_\_