



# Miscellaneous Appeal

Office of the Registrar

Borough of Manhattan Community College The City University of New York www.bmcc.cuny.edu 199 Chambers Street, S31 New York, NY 10007-1097 tel. 212 220-1290 fax. 212 220-1254

**Instructions:**

1. Fill out the form clearly and completely.
2. Include on a separate page or in email body a personal statement explaining your reason for this appeal.
3. Provide your email address. You will be notified by email about the decision of your appeal.
4. Submit completed form, statement, and copies of supporting documentation (if any) by email to [registrar@bmcc.cuny.edu](mailto:registrar@bmcc.cuny.edu)

**Please allow 2-3 weeks for an appeal decision via email**

8-digit CUNYfirst ID: \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Previous Name (if any)</b>

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Semester (Check One): Winter  Spring  Summer  Fall  Year: \_\_\_\_\_

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

- Full Tuition Cancellation (For all courses)
- Partial Tuition Cancellation (For specific courses as indicated below)  
\_\_\_\_\_
- Retroactive Registration  
\_\_\_\_\_

*For Office Use Only*

**Registrar's Committee Decision**

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

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

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

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

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