

New Jersey City University
Office of the Dean of Students
Gilligan Student Union Building, Room 127
2039 Kennedy Boulevard, Jersey City, NJ 07305
201-200-3525 ~ 201-200-3583 (fax)
ACADEMIC APPEAL APPLICATION

A student who is suspended academically from New Jersey City University and wishes to apply for an appeal is responsible for obtaining and submitting all relevant information to support his/her academic appeal. Please be advised that the academic appeal application packet must be completed in its entirety. An incomplete application will not be reviewed.

Please Print:

Applicant Name: _____

Gothic ID #: _____ Major: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail address: _____

Academic Advisor: _____ Financial Aid Advisor: _____

PLEASE FOLLOW THE DIRECTIONS AS INDICATED BELOW:

- SECTION I**
Write a statement of appeal. Be sure to include detailed information, including specific dates, if appropriate and attach all supporting documents. (See Section I)
- SECTION II**
Obtain at least one letter of recommendation from a full-time faculty and/or staff member. The faculty/staff member must complete the "Academic Appeal Student Letter of Recommendation" form and state specific reasons for approval or disapproval. Letters of Recommendations must be signed and sealed by faculty/staff members. (See Section II)
- SECTION III**
Complete the "Reinstatement Plan for Students on Academic Suspension Form." (See Section III)

**If you are currently enrolled in class and intend to appeal, you may continue to attend classes until notified otherwise.*

Once the application is approved by the Office of the Dean of Students, it will be reviewed by the Academic Appeals Committee and/or the Dean of Students. Please be advised that you will be notified of the final decision by phone, followed by a written confirmation by _____.

Do not write below this line

Administrative Review:

- | | |
|--|---|
| <input type="checkbox"/> Transcript Attached | <input type="checkbox"/> Reinstatement Approved for (semester): _____ |
| <input type="checkbox"/> Reinstatement Plan Approved | <input type="checkbox"/> Reinstatement Denied |

Comments:

New Jersey City University
Office of the Dean of Students
SECTION I – STUDENTS ON ACADEMIC SUSPENSION – STATEMENT OF APPEAL

Please clearly specify the reasons for appealing your suspension. Please be sure to include any pertinent circumstances and specific dates and attach any relevant documentation. If you require additional pages for this section, please ensure that all pages are signed and dated.

Name: _____

Gothic ID: _____

Statement:

New Jersey City University

Office of the Dean of Students

SECTION II – LETTER OF RECOMMENDATION TO APPEAL ACADEMIC SUSPENSION

Please sign and seal and return to student

Full-time Faculty/Staff Member,

Please briefly comment on the student's ability to successfully continue as an NJCU student despite his/her current academic status. Please consider specific course work, quality of assignments and the student's overall attitude towards academic success. The Academic Appeals Committee will consider your recommendation in making a determination to approve or deny the student's appeal. Please note: If you need extra space, please feel free to use additional paper. However, please make certain that each sheet is signed and dated and that the entire recommendation is sealed before returning it to the student.

Faculty/Staff Member Name: _____ **Extension:** _____

Department: _____ **How long have you been with NJCU?:** _____

How are you acquainted with the student?

Do you think this student would be better served if s/he was suspended for an academic year and then reinstated? Please explain your answer.

In your observation, is this student serious about his/her academic career?

If needed, would you be interested in (or have time) assisting this student with his/her academics, (i.e., tutoring) if s/he were reinstated? Yes No

Faculty/Staff Signature

Date



New Jersey City University
 Office of the Dean of Students
**SECTION III – INTENDED REINSTATEMENT PLAN FOR STUDENTS
 ON ACADEMIC SUSPENSION**

Complete this form and submit it as part of your reinstatement packet. This will be reviewed by the Office of the Dean of Students as well as the members of the Academic Appeals Committee.

Please Print

Applicant Name: _____

Gothic ID #: _____ **Major:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **E-mail address:** _____

Academic Advisor: _____

As a student who has experienced academic difficulty and has been suspended, I understand that my first goal is to provide a plan for my academic success. I understand and agree that my academic success is dependent on my efforts to achieve the expected outcomes of each course and that I must maintain a minimum grade point average of 2.0 each semester. I understand and agree that the following plan will be enhanced by academic opportunities at New Jersey City University and will be submitted as part of my action plan and application for the appeals process.

I will take a course load of no more than _____ credit hours for the _____ semester.

If possible, I will recomp the following courses for the _____ semester.

I will attend a minimum of one (1) academic success workshop while on probation each semester. I understand that I will be sent a separate schedule of dates and times. I understand that these sessions are mandatory and failure to comply may jeopardize my reinstatement status.

I will attend all classes for the semester (except for emergencies).

I will adhere to the Gaining Academic Power (G.A.P.) contract.

I will contact the Office of the Dean of Students as soon as I need tutorial assistance.

I will consider limiting my work schedule to better accommodate my academic needs.

I will contact my instructors about my progress in all of my classes at mid-term and one other time prior to the end of the semester.

I will meet with my advisor for progress updates during the following months:

I will contact the following services to see if I may be eligible for additional assistance:

Project Mentor/Specialized Services 201-200-2091

Counseling and Wellness Services 201-200-3165

I agree to complete the items checked above. If I do not meet these responsibilities, I will jeopardize my reinstatement status at New Jersey City University. I understand that a student is removed from probationary status when the cumulative grade point average is at or above the minimum acceptable standard for the number of semester hours attempted. I will refer to the Academic Standards Policy and/or contact a representative in the Office of the Dean of Students if I need further clarification.

Student Signature

Date

Dean (Assistant) Signature

Date