

**Bernard M. Baruch College of the City University of New York  
The Mildred and George Weissman School of Arts & Sciences  
Committee on Graduate Affairs**

**APPEAL FORM**

Date: \_\_\_\_\_ EMPL ID#: \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

Zip Code

E-Mail Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

MAJOR: \_\_\_\_\_

**REQUEST:** \_\_\_\_\_

**REASON FOR REQUEST:** (Use additional pages as needed)

**NOTE:** If you are requesting a course substitution in the base curriculum, be sure to include:

- **your own** explanation based on the content of the course
- a brief description of the course
- an explanation of how the course is similar in academic depth and/or fulfills the spirit of the base curriculum requirement
- a copy of the catalogue description of the course
- a copy of the course syllabus, if possible

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**DO NOT WRITE BELOW THIS LINE**

APPROVED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DENIED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Notified By: \_\_\_\_\_ Date: \_\_\_\_\_