

# Lehman College

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## APPEAL FORM

Name \_\_\_\_\_ SS# \_\_\_\_\_  
*Last First*

Address \_\_\_\_\_  
*Street City and State Zip Code*

Telephone \_\_\_\_\_  
*Home Office*

Status (check one)    Matriculated \_\_\_\_\_ Nonmatriculated \_\_\_\_\_    If matriculated, Program \_\_\_\_\_

Fill in the purpose of your appeal below, and then explain clearly, but in detail, the situation that led to this appeal. Include exact course and section numbers if applicable. Supporting documents such as letters from professors, employers, doctors, etc. may be attached or submitted separately. You will be notified by letter of the decision. Attach additional sheets of paper as necessary.

### Details:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature