

Suffolk County Community College Request to Appeal for Course Withdrawal

After the course withdrawal deadline (after two-thirds of the term), the Campus Associate Deans of Academic Affairs may consider exceptions if you have experienced extreme circumstances and are unable to work with the faculty member to complete the course (for instance, via the Incomplete process). Difficulty with subject matter, lack of attendance, a change of major, a change in work schedule, and other common causes of challenges in courses are not considered extreme.

As these requests are rarely approved and there is no guarantee of an approval, you should continue to attend class and do the work until a determination is made. The appeal decision is final.

For any medical circumstances, do not use this form, but reach out to your campus Associate Dean of Student Affairs.

To request an appeal, complete the below and forward to your instructor using your SCCC email account.

| Campus (Ex. A, E, W) | CRN (Ex. 91508) | Subject (Ex. ENG) | Course (Ex. 101) | Last date of attendance in class |
|-------------------------|--------------------|----------------------|---------------------|-------------------------------------|
| | | | | |

Reason for request to appeal for course withdrawal (required): _____

| | | | |
|------------------|-------------------|------------|--------------|
| Last Name | First Name | ID# | Email |
| _____ | _____ | _____ | _____ |

Date _____

Student Signature required for in-person processing

Student note: If your instructor has not responded via email by the deadline, please forward your original email to the Campus Associate Dean of Academic Affairs using the email below.

Instructor signature: _____

Instructor: Email completed form to Campus Associate Dean of Academic Affairs (and CC the student) using your SCCC email account. Please provide a faculty statement for the Dean's consideration using page 2 of this document.

AcademicAffairsA@sunysuffolk.edu – Ammerman Campus
 AcadAffairsEast@sunysuffolk.edu – Eastern Campus
 AcademicAffairsGrant@sunysuffolk.edu – Michael J. Grant

Campus Associate Dean for Academic Affairs:

Approved: _____ Denied: _____ Signature: _____ Date: _____

For Office Use Only: (SFAREGS)

Processed by: _____ Campus: _____ Date: _____
 Revised: 11/21/2024

**Suffolk County Community College
Request to Appeal for Course Withdrawal
(After Deadline of Two-Thirds Term)**

Last Name

First Name

ID#

Instructor: Please use the space below to provide any relevant information to the Campus Associate Dean of Academic Affairs. As these requests are rarely approved, you should anticipate that the student will remain on your final grade roster and will require a grade in the course.