



TRANSFER ADMISSION APPEAL FORM

For use by transfer applicants seeking reconsideration for admission to the college.

Date: _____ Phone Number: _____

Last 4 Digits of SS#: _____

Name: _____, _____ (M.I.)
(Last) (First)

Address: _____

City/State: _____ Zip Code: _____

INSTRUCTIONS FOR APPEAL:

1. Attach a statement that explains the reasons for your lack of academic success at your previous college and gives evidence of academic potential from high school or other educational institutions. The statement should also include a coherent plan for achieving academic success at the College of Staten Island. It would be helpful if you would describe your activities and/or work experience if there has been an extensive break since you were last in college. A faculty committee will read this appeal. You are urged to attend to the legibility and clarity of your presentation.
2. Attach a transcript from your previous college(s) and a high school transcript.
3. Submit the appeal and supporting documents to the College of Staten Island, 2800 Victory Boulevard, North Administration Building 2A, room 103, Staten Island, NY 10314 (Attn.: Admissions Committee, Emmanuel Esperance, Jr.).
Electronic copies can be sent to admissions@csi.cuny.edu or faxed to 646.664.3986.
4. You will be notified after the committee has made its decision.

Do Not Write Below This Line

COMMITTEE ACTION _____ Approved _____ Denied

Signature (Faculty Recorder): _____ Date: _____

Recorded by Admissions: _____ Date: _____

Student Notified: _____ Date: _____