

**REQUEST FOR ACADEMIC REVIEW**  
**for students who did not complete a degree**

Name \_\_\_\_\_ ID #: N \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Fax (if available) \_\_\_\_\_

**Information Requesting:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Major you want evaluation for:** \_\_\_\_\_

**Date of last attendance at SUNY New Paltz:** \_\_\_\_\_

**College work completed since leaving SUNY New Paltz:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information to be sent to (select one):**

\*\*Note: We consider regular mail to be the most confidential.

Mailed (If address is different than above, please provide the address.)

\_\_\_\_\_  
\_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Student's signature \_\_\_\_\_

Date \_\_\_\_\_