

**Special Appeal to Earn Diplomas with a Lower Score on a Regents Examination  
Taken in the 2021-22 or 2022-23 School Year Form**

This form should be maintained by the school and be available for inspection by the State Education Department, if requested. The summary form (p. 4) no longer needs to be mailed to the NYS Education Department.

Student Name: _____
Individual(s) Seeking Special Appeal for Student: _____
School Attended by Student: _____
Date Special Appeal Submitted: _____

**Evidence and Appeal Committee Findings**

Update the chart on the following page to include the evidence that the student meets the following criteria for this special appeal. Use the final column to document whether the appeal committee determined the student met each criterion.

- Criterion 1. (C1) The student took the Regents Examination under special appeal in June 2022, August 2022, January 2023, June 2023, or August 2023.
- Criterion 2. (C2) The student received a score between 50 and 64 on the Regents Examination under special appeal.
- Criterion 3. (C3) The student has a course average in the subject under appeal (as evidenced in the official transcript that records grades achieved by the student in each quarter of the school year) that meets or exceeds the required passing grade by the school.
- Criterion 4. (C4) The student has demonstrated the knowledge and skills in the subject of the Regents Examination under appeal required under the State Learning Standards.

Date Regents Exam Taken	Regents Examination	Earned Score on Exam	Course Average in Subject Under Appeal	School's Required Passing Course Grade	Criteria (Check each box to indicate the appeal committee determined the requirement was met.)
					C1: <input type="checkbox"/> C2: <input type="checkbox"/> C3: <input type="checkbox"/> C4: <input type="checkbox"/>
					C1: <input type="checkbox"/> C2: <input type="checkbox"/> C3: <input type="checkbox"/> C4: <input type="checkbox"/>
					C1: <input type="checkbox"/> C2: <input type="checkbox"/> C3: <input type="checkbox"/> C4: <input type="checkbox"/>
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					C1: <input type="checkbox"/> C2: <input type="checkbox"/> C3: <input type="checkbox"/> C4: <input type="checkbox"/>
					C1: <input type="checkbox"/> C2: <input type="checkbox"/> C3: <input type="checkbox"/> C4: <input type="checkbox"/>

**Committee Members and Recommendation**

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School Principal \_\_\_\_\_

Administrator #2 \_\_\_\_\_

Teacher #1 \_\_\_\_\_

Teacher #2 \_\_\_\_\_

Teacher #3 \_\_\_\_\_

The appeal committee recommends:

- ☐ The student be allowed to apply a lower score toward a diploma, on the following Regents Examination(s)

\_\_\_\_\_

- ☐ The student NOT be allowed to apply a lower score toward a diploma on the following Regents Examination(s)

\_\_\_\_\_

**Superintendent's Decision**

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Appeal Granted: ☐ YES ☐ NO

☐ Yes, but only for the Regents Examination(s) indicated above

\_\_\_\_\_  
Name of School Superintendent (print)

\_\_\_\_\_  
Signature of School Superintendent

Date: \_\_\_\_\_

**Special Appeal to Earn Diplomas with a Lower Score on a Regents Examination  
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School Name: \_\_\_\_\_

School BEDS Code: \_\_\_\_\_

Person Completing This Form (Contact Person): \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

<b>Title of Regents Examination (all scores between 50-64)</b>	<b>Number of Special Appeals Sought</b>	<b>Number of Special Appeals Granted</b>
Algebra I		
Algebra II		
English Language Arts		
Geometry		
Global History and Geography II		
Living Environment		
Physical Setting/Chemistry		
Physical Setting/Earth Science		
Physical Setting/Physics		
U.S. History and Government (Framework)		

**I certify that the above information is correct.**

\_\_\_\_\_  
**Name of School Superintendent (print)**

\_\_\_\_\_  
**Signature of School Superintendent**

**Date:** \_\_\_\_\_