Academic Suspension Appeal Form

**Due in the Student Services office at least 2 weeks prior to the beginning of the semester in which**

**you want to enroll.**

Name: Click or tap here to enter text. ID: Click or tap here to enter text. Date: Click or tap to enter a date.

Address: Click or tap here to enter text. Telephone Number: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Semester in which appealing for reinstatement: Click or tap here to enter text.

What is your current degree or certificate objective? Click or tap here to enter text.

Please provide a detailed response to the questions below.

1. What extenuating circumstances prohibited you from meeting the Satisfactory Academic Progress requirements? Documentation to support your appeal is recommended. (Example: letter confirming medical treatment, confirmation of death in the immediate family, etc.).

Click or tap here to enter text.

1. What changes have occurred that will enable you to meet the Satisfactory Academic Progress requirements in the future? Please explain in detail.

Click or tap here to enter text.

I certify the information provided above is true and complete.

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

**Return to Candace Fones in Student Services, E100 or at** [**cfones@sandburg.edu**](mailto:cfones@sandburg.edu)

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| For office use only:  Separation appeal approved  Denied  Student Services faculty committee member: Click or tap here to enter text.  Date: Click or tap to enter a date. |