



**SGSC**  
South Georgia State College

**Office of the Registrar**  
100 West College Park Drive • Douglas, Georgia 31533  
912-260-4406 • 1-800-342-6364 (Toll Free in GA)  
912-260-4455 (fax)  
email: registrar@sgsc.edu  
Engram Hall

## Academic Renewal Application

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name when previously enrolled, if different \_\_\_\_\_

- Your planned term of entry/re-entry at South Georgia State College following five-year (or more) absence from college:  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_
- Have you completed an application for Admission/Re-Admission to SGSC?  Yes  No\*  
\*If no, please submit an Admission/Re-Admission application along with this application.
- Have you earned a degree (Associate or Bachelor) from SGSC or another institution?  Yes  No
- Have you attended another institution other than SGSC within the previous five years?  Yes  No

**Please select one:**

- I am requesting Academic Renewal for all eligible coursework (SGSC and transfer).
- I am requesting Academic Renewal only for all eligible SGSC coursework.
- I am requesting Academic Renewal only for all eligible transfer coursework.

**CERTIFICATION:** Having read and understood the Board of Regents Academic Renewal Policy provided, I think myself eligible and hereby request Academic Renewal. In doing so, I understand that, if my application is approved, my decision to enter/re-enter South Georgia State College under the Academic Renewal Policy is irreversible.

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

**Office Use Only:** Eligible  Yes  No Processed by \_\_\_\_\_ Date \_\_\_\_\_