



Academic Appeal Form

Student Name: _____ Student ID: _____

Phone: _____ E-mail Address: _____

Mailing Address: _____ City, State, Zip: _____

Re-Applying: Summer 20 _____ Fall 20 _____ Spring 20 _____

Submit this completed form along with your **Appeal Letter**. In your letter of appeal, please explain the circumstances which may have affected your academic success at this institution. Indicate how these circumstances have changed for your success in the future. Medical circumstances must be documented with a statement from your physician. Additional documentation supporting the circumstances that may have affected your academic success may also be attached to support your appeal.

Reason for Appeal:

- Illness or accident
- Military Duty
- Incarceration
- Loss of childcare
- Marriage or divorce

- Death of an immediate family member
- Loss of employment
- Birth or adoption of a child

- Required to Relocate
- Other: _____
- _____
- _____

NOTE: You may be required to submit an additional appeal for Financial Aid. For more information on Financial Aid Appeals, please contact the Office of Financial Aid at 912-260-4200 or финаid@sgsc.edu.

Signature

Date



Office Use Only: Eligible Yes No Processed by _____ Date _____