

**Academic Suspension Appeal**

*Serving Richmond and Scotland Counties*

Complete and return to the Vice President for Student Services.

|  |  |
| --- | --- |
| Student Name |  |
| Student ID Number |  |
| Phone Number |  |
| Address |  |
| City, State, Zip |  |

Explain extenuating circumstances or reason for the appeal.

Please attach additional pages or supporting documents if needed.

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Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Appeal Approved Appeal Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP for Student Services Date

Comments (optional):

Received: Office of the Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_