



Letter of Appeal for Academic Standing

Admissions and Records Appeals Committee
Office of the Vice President for Academic Affairs
131 College Circle
Swainsboro, GA 30401

Phone: (478) 289-2031
Fax: (478) 289-2137

Date: _____

Name: _____ Student ID#: _____
(Last) (First) (MI) EGC ID#

Address: _____
(street) (city) (state) (zip)

Phone #: (____) _____ Alt. Phone #: (____) _____

Applying for: ____ Spring ____ Summer ____ Fall Semester Year _____

Reason for Appeal:

- Personal Illness or Accident
- Military Duty
- Required to relocate
- Incarceration
- Death of immediate family member or family member
- Loss of childcare of immediate family or family member
- Illness or Accident of immediate family or family member
- Loss of housing of immediate family or family member
- Loss of employment of self, immediate family or family member
- Birth of immediate family member or family member
- Marriage or divorce of self, immediate family or family member
- Other

Note: Supporting documentation (e.g., letters from employers, doctor's notes or certification, receipts, court summons, military orders, etc.) must be attached to the appeal form to verify that one of the above extenuating circumstances led to your dismissal.

If readmitted, do you plan to work while attending classes? Yes No If yes, how many hours? _____

If readmitted, how many credits would you like to take for the upcoming term? _____

How often have you met with your advisor? Advisor's Name: _____

- Never
- 1-2 times
- 3-5 times
- 6 or more times

What college services have you used for assistance? Academic Advising Tutoring Services Library Disability Services
 Other: _____

In order for your appeal to be considered, on the second page of the appeal form please summarize the circumstances that led to your dismissal as well as evidence that you have adequately resolved the issues that have caused your poor academic performance. Provide an overview of how your circumstances have changed or will be different if you are reinstated and permitted to continue your coursework. You must provide a detailed written plan of action explaining clearly the steps you will take to ensure your success. These steps must be concrete and realistic for sufficiently improving your performance to meet the reinstatement conditions.

Signature _____

Date _____

Office Use Only: Denied _____ Approved _____

Limitations/Stipulations _____

Signature: _____ Date: _____

