Academic Suspension Appeal Form

Please return completed form and letter to Office of Admissions/Registrar

Name_______________________________________________________________

CCG ID___________________________________________________________Date________

Phone Number____________________________________________________Cell________________

Major______________________________________________________________________________

Term for which you are requesting appeal__________________________________________

1. Is this your first suspension from College of Coastal Georgia?
   ____ Yes   ____ No

2. Did you pre-register for the next term?
   ____ Yes   ____ No

3. Who is your Academic Advisor? ____________________________________________

4. Do you plan to work during the upcoming semester?  ____ Yes  ____ No
   If yes, how many hours weekly? __________

Courses you wish to take during this term:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

PLEASE ATTACH A WRITTEN STATEMENT explaining the extenuating circumstances that led to your suspension. Also include the methods you will employ to improve your academic performance.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Student  Signature ______________________ Date ______________________

Revised July 30, 2009