



East Georgia State College
 Academic and Financial Aid Appeals Committee
 Student Affairs
 131 College Circle
 Swainsboro, GA 30401

LETTER OF APPEAL

SELECT EFFECTIVE TERM * Today's Date: *

Student Information

* <input type="text"/>	<input type="text"/>	* <input type="text"/>	* <input type="text"/>
First Name	Middle Name	Last Name	StudentID / SSN
Mailing Address			* <input type="text"/>
* <input type="text"/>			Telephone
* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>
City	State	Zip	Birth Date

Reason for Appeal:

- Financial Aid Appeal
- Academic Appeal
- Learning Support Suspension Appeal
- Request to continue International & Superior Student Out-of-State Waiver following termination of the waiver due to below GPA requirements.

2. If readmitted, do you plan on working while attending classes?	* <input type="text"/>	If yes, how many hours?	<input type="text"/>
3. If readmitted, how many credits would you like to take for the upcoming term?	<input type="text"/>		
3. How often have you met with your advisor?	<input type="text"/>	What is your advisor's name?	<input type="text"/>
4. What college services have you used for assistance?	Academic Advising <input type="checkbox"/>	Tutoring Services <input type="checkbox"/>	Library <input type="checkbox"/>
	Disability Services <input type="checkbox"/>	Other: <input type="text"/>	

Supporting documentation MUST be attached.
 * Supporting documentation (eg., Letters from employers, doctor's notes or certification, receipts, court summons, military orders, etc.) must be attached to the appeal form to verify that any extenuation circumstances led to your dismissal.

Use this portion to explain your Reason for Appeal: (Attach additional pages if needed.)

In order for you appeal to be considered, you must 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.

For Learning Support Suspension: Students may not appeal the one-year academic suspension to this committee however they may contact the Director of Learning Support or Vice President for Academic Affairs to inquire about remediation. Students who satisfy the remediation requirements may attempt to return to the college before the one-year suspension period.

For Financial Aid Appeals: the final decision rests with the committee.

For Academic Appeals: the committee decision may be appealed to the President. the appeal to the President must be submitted by 5pm three (3) calendar days following the Academic and Financial Aid Appeal Committee's written notification decision. The student's appeal request to the President is submitted to Student Affairs and should contain a cover letter to the President requesting an appeal, this appeal form and the same supporting documentation submitted to overturn a decision of the Committee unless the Committee's decision was arbitrary and capricious. The President's decision is the final institutional decision. The student has (20) twenty days after the President's decision to appeal to the Board of Regents. the Chair of the Board's Committee on Organization and Law, in consultation with the Board's chief legal officer, determines if the matter should be presented to the Board.

Oath and Affirmation

I understand that any material false statement made knowingly and willingly by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution. Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

Signature _____
(Only sign here if printing this form instead of submitting electronically.)

East Georgia State College suggests that you assume personal responsibility for your education. Once you commit to make necessary changes to improve your academic standing, you will be enhancing the development of your academic and career goals. We encourage you to make every effort to take steps to utilize college services to raise your academic standing (GPA).

Note: Any student approved by the committee to return academically and who has not attended EGSC for two or more consecutive semesters, will be required to complete a Former Student Application which is available on the Registrar's Office webpage. Registration for classes cannot take place until the form has been processed.

Submit Appeal form to :

Academic and Financial Aid Appeals Committee
131 College Circle, Swainsboro, GA 30401

Phone: (478)-289-2169
Fax: (478) - 289-2353

(Office use only)

ACADEMIC:

FINANCIAL AID:

APPROVED___

APPROVED___

DENIED___

DENIED___

___ ADP ___ APR ___ DEN ___ FAD ___ FAP ___ NE ___ NR

Limitation Stipulations: _____

Chair Signature: _____ Date _____

Co-Chair Signature: _____ Date _____

Academic Appeal to College President:

Approved __ Denied__

President's Signature: _____ Date _____

(Registrar's Office Use)

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KEY_BANID:

KEY_TermCode:

Processed By: