Please return completed form and attachments to Registrar's Office at <u>registrar@uscb.edu</u> or Hargray 135 located on the Bluffton Campus



Academic Appeal Form

Academic Appeals may be submitted to request a grade of 'W' for all courses in a given semester past the Academic Calendar deadline due to extenuating circumstances. Academic Appeals may also be submitted to request to be reinstated from Academic Suspension. Extenuating circumstances may include, but are not limited to prolonged illness, a debilitating accident, or a traumatic event. By submission of this document, the student understands the decision rendered by the Academic Appeals Committee is final and may not be appealed.

Complete the items below and attach a detailed letter of your appeal in which you explain your extenuating circumstance(s) and provide any supporting documentation you wish to strengthen your appeal. Supporting documentation may include, but not limited to medical documentation, faculty/staff letters of support, obituaries, etc. **Appeals will not be considered without a detailed letter**.

Student Name:			Student ID:				
USCB Email Address:			Phone Number:				
Personal Email Ad	dress:						
Semester/Year fo	r the Appeal:	Fall 20	Spring 20	Summer 20			
I am requesting:			for the semester above Ifter the last day of classes for t	the term)			
		nent from an Acac Io later than 30 days a	lemic Suspension Ifter the date of the Suspension	otification letter)			
	Other (Please explain in attached letter) (Deadline: No later than 14 days after the last day of classes for the term)						

			Office Use Only	Appeal Decision
	Approve	Deny		<u></u>
Provost				
Faculty Representative				
Registrar				

Date:

Student Signature: