

Please return completed form and attachments to Registrar's Office at [registrar@uscb.edu](mailto:registrar@uscb.edu) 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 a first 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. **Appeals that are submitted past the deadline are taken under consideration by the Provost's Office.**

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 Address: \_\_\_\_\_

Semester/Year for the Appeal:      Fall 20 \_\_\_\_                      Spring 20 \_\_\_\_                      Summer 20 \_\_\_\_

- I am requesting:  Grades of **'W' for all courses** for the semester above  
*(Deadline: No later than 14 days after the last day of classes for the term)*
- Reinstatement from a **first** Academic Suspension  
*(Deadline: No later than 30 days after the date of the Suspension notification letter)*
- Other (Please explain in attached letter)  
*(Deadline: No later than 14 days after the last day of classes for the term)*

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

**Office Use Only**

**Appeal Decision**

	Approve	Deny
Provost		
Faculty Representative		
Registrar		

\_\_\_\_\_

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\_\_\_\_\_  
Committee Signature                      Date