



Date Submitted: _____

Name of Student (*Last, First*): _____

Student's ID#: _____

Student's Phone: _____

Student's Email: _____

Student's Address: _____

Latest Semester Attended: _____

Desired Semester of Attendance: _____

An appeal of academic dismissal is typically only granted if the student can provide evidence that circumstances beyond their control negatively impacted their academic performance at the College.

Please identify any such mitigating circumstances below (*check all that apply*):

Illness or Accident		Family Emergency	
Loss of Employment		Military Duty	
Lack of Transportation		Imprisonment	
Loss of childcare services		Other	

In the space below, please explain in more detail your reasons for submitting this appeal as well as the circumstances that led to your poor academic performance.

Form continues on next page

Student's Signature: _____ Date _____

Academic Affairs Office
Columbia-Greene Community College
4400 Route 23
Hudson, NY 12534