

ACADEMIC DISMISSAL APPEAL

			Date Submitted:
Name of Student (Last, First):			
Student's ID#:			
Student's Phone	:		
Student's Email:			
Student's Addre	ss:		
Latest Semester Attended:			-
Desired Semester of Attend	ance:		_
	control r	negatively impacted their o	e student can provide evidence that academic performance at the College. eck 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 on the circumstances that led t	-		ns for submitting this appeal as well a nce.

In the space below, please provide evidence that you har issues that caused your poor academic performance. Pro have changed or will be different if you are reinstated ar the College. You must provide a detailed, written action ensure your success if reinstatement is granted.	ovide an overview of how your circumstances and permitted to continue your coursework at
Please also attach any supporting documentation, included employers, doctors' notes or certifications, receipts, coursubstantiate the circumstances that led to your dismissa	rt summons, or military orders that will
Student's Signature:	Date

Please submit this form via email to mashaw@sunycgcc.edu (preferred) or via direct mail to:

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