

Southern Union State Community College

Academic Suspension Appeals Application

Date _____

Applicant's Name _____ Student Number _____
(If applicable)

Currently on suspension with _____ for 1 year beginning
(name of institution)
_____. I have currently served _____ semester/s of my suspension.
(date)

Please attach a detailed letter of appeal and any supporting documentation, along with an unofficial copy of your transcript to this form.

I am fully aware that the Admissions Committee at Southern Union State Community College, based upon my appeal, can allow me to enroll as a student prior to serving my full suspension. However, the credits I earn at Southern Union may or may not be accepted for transfer credit to previous or future institutions. It is totally at the discretion of the receiving institution(s) to determine transfer credits.

Print Name

Signature

Address

Phone Number

City, State Zip

Email Address