



Satisfactory Academic Progress Appeal Form

1530 Harden Street, Columbia, SC 29204
Phone: (803) 255-4999 Fax: (803) 799-3042

Section A – General Information

Name: _____ SID: _____
Local Address: _____
Phone Number: _____ Email: _____

Appeal is for (check term and indicate year) Summer 20____ Fall 20____ Spring 20____

Section B – Reinstatement Request Information

Indicate below which situation applies to your reason for appeal and submit the appropriate supporting documentation:

- Medical Accident Legal Circumstances
- Death/Illness Work Circumstances Family Circumstances
- Military Service Other Special Circumstances: Emotional Concerns (i.e., Depression)
- Exceeded Maximum Time Frame/Pursuing a Second Degree

Provide an explanation of the specific circumstance that prevented you from making Satisfactory Academic Progress.

Provide an explanation of what has now changed and/or how you will address the circumstance(s) previously described so that you can successfully complete your academic program.

Section C: Signatures and Certifications

I certify that the information reported on this worksheet is complete and correct.

Signature: _____ Date _____

Submit Appeals Form and Supporting Documents to:
Allen University
Dean of Enrollment Management
Attn: Admissions Committee
1530 Harden Street Columbia, SC 29204
Email To: admissioncommittee@allenuniversity.edu

Office Use Only:

Approved Date: