1. You must complete the punitive period (one semester following academic dismissal -- excluding summer school) before you can petition the Academic Review Board for re-admission to the University. You may request an earlier review if you can provide documented evidence that there were extenuating circumstances that led to your dismissal for academic reasons.

2. You may obtain an Academic Petition Form: a. on the reverse side of this page; b. from the Registrar’s Office, 2nd Floor Moss Hall; c. or from the University’s website: http://www.scsu.edu/files/Registrars_Office/AcademicPetitionForm.pdf.

3. You must meet with the chairperson of your major department, BEFORE you submit the Petition to the Registrar’s Office. Your chairperson will: a. review your academic status; b. sign the Petition and add comments, and c. approve or disapprove your Petition for re-admission to the University.

4. The Academic Petition Form will not be considered complete until you provide documentation, as stated in Part II of the form, to support your Petition for re-admission. Such documentation can include, but need not be limited to: a. support letters from individuals such as family members, medical professionals, professors; b. medical documents such as medical bills or hospital discharge papers; c. obituaries; d. other relevant documents. Please note: the members of the Academic Review Board may request original copies of any supporting documents.

5. Submit the completed Academic Petition Form, with all supporting documentation firmly attached, to: The Office of the Registrar, South Carolina State University, Moss Hall 2nd Floor, Post Office Box 8104, Orangeburg, South Carolina 29117. These materials must be submitted on or before the April 15th, July 15th, or November 15th.

6. The Academic Review Board meets three times a year – during the last week of April (or in the first week of May), during the last week of July (or in the first week of August), and during the last week of November (or in the first week of December).

7. The decision of the Academic Review Board will be made based on two criteria: a. what you write on the Academic Petition Form; b. the documentation that you provide in support of your petition. You will be notified of the Board’s decision within five working days after it meets.

8. If you have any questions, please contact the Coordinator of the Academic Review Board at 803-536-8418, 803-536-7185 or 803-536-8406.
Part II

Complete Legibly in Ink or Type

Term of Petition

Name________________________________________________________  Campus Wide ID______________________

Mr/Ms           First                            Middle                                     Last

Major___________________________ Telephone____ ________________ Last Attended:________________________

Semester/Year

Address__________________________  City_______________________ State________  Zip Code_________________

I hereby petition for special consideration for exception to the following policy to be readmitted to South Carolina State University.

☐ Academic Suspension
☐ Academic Dismissal

Explain any circumstances which are associated with this petition. Attach an extra sheet if necessary. Supporting documentation is required, such as: medical statements, obituaries, and letters of support.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

I have attached supporting documentation to this petition. I certify that the information on this petition and all attached documentation are true and complete to the best of my knowledge. I waive my rights under the Family Educational Rights and Privacy Act regarding supporting documentation for this petition.

Signature_________________________________________________   Date____________________________________

Student

Part III

Review of Student’s Academic Status by the Chair of the Student’s Home Department (Signature, Comments, and Approval/Disapproval Check by the Chair are Mandatory)

Signature_________________________________________________      Date__________________________________

Department Chair

Comments:________________________________________________________________________________________

__________________________________________________________________________________________________

☐ Approved  ☐ Disapproved

Part IV

Action of the Board

☐ Approved                      ☐ Disapproved  Readmission Term________

Signature______________________________________________________________________       Date_____________

Coordinator, Academic Review Board