

## INSTRUCTIONS FOR ACADEMIC PETITION

1. A student must satisfy the punitive period before petitioning the Academic Review Board or present documented evidence of extenuating circumstances, which may warrant an earlier review.
2. Obtain an Academic Petition Form from the Registrar's Office, 2<sup>nd</sup> Floor Moss Hall or the Web.
3. Complete Part I of the Academic Petition Form and attach supporting documentation such as support letters, medical statements, obituaries, etc., as necessary (original copies).
4. Request an appointment with departmental chair for review of academic status and signature.
5. Submit your written petition to the Registrar's Office on or before the 15<sup>th</sup> of April, July and November.
6. The decision of the Academic Review Board will be made based on the student's written petition.
7. Return Academic Petition Form to:

Office of the Registrar  
South Carolina State University  
2<sup>nd</sup> Floor Moss Hall  
Post Office Box 8104  
Orangeburg, South Carolina 29117
8. **The Academic Review Board meets three times yearly – during the last week of April, July, and November or the first week in the respective month. For information about the Board's decision, and dates of possible call meetings, please contact the Academic Review Board Coordinator at (803) 536-8400.**
9. Decisions of the Academic Review Board will be sent to students within five working days after the Board meets.

**Notice: Application is on the back**



OFFICE OF THE REGISTRAR  
 POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST  
 ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ FAX: (803) 536-8602

# Academic Petition

Term of Petition \_\_\_\_\_

**Part II** Complete Legibly in Ink or Type

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 extenuating circumstances which are associated with this petition. **Attach an extra sheet if necessary.** Supporting documentation is required, i.e., medical statements, obituaries, letters of support, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Department Chair

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Part IV** Action of the Board

Disapproved  Approved Readmission Term \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Coordinator, Academic Review Board