



# SNEAD STATE COMMUNITY COLLEGE

Office of Admissions & Records  
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Phone 256.593.5120 • Fax 256.593.7180



## ACADEMIC BANKRUPTCY REQUEST

Name: \_\_\_\_\_ S Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_

TERM(S) REQUESTED:	<u>Term</u>	<u>Year</u>
	_____	_____
	_____	_____
	_____	_____

By my affixed signature, I understand that ACADEMIC BANKRUPTCY for any or all terms must be in compliance with the regulations listed under "Academic Bankruptcy Policy" in the Snead State Community College General Catalog. I further understand that if ACADEMIC BANKRUPTCY is granted, the "Declaration of Bankruptcy" cannot be revoked at a later date.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Bankruptcy Request Granted

Bankruptcy Request Denied \_\_\_\_\_

(If denied, reason for denial)

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Director of Admissions & Records
Date