



# SNEAD STATE COMMUNITY COLLEGE

Office of Admissions & Records  
PO Box 734, Boaz, AL 35957  
Phone 256.593.5120 • Fax 256.593.7180



## Appeal of Admission Status (Academic Suspension)

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Semester you want to enroll: \_\_\_\_\_ GPA: \_\_\_\_\_

My current status is: \_\_\_\_\_ Suspended One Term from SSCC  
\_\_\_\_\_ Suspended One Year from SSCC  
\_\_\_\_\_ Suspended from a previous post-secondary institution

A. State what you believe to be the cause of your poor academic performance. \_\_\_\_\_

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

B. Discuss what has changed about the situation stated in Part A and how you plan to avoid getting into the same situation in future semesters. \_\_\_\_\_

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

How many hours do you currently work per week? \_\_\_\_\_

How many hours do you plan to work per week if you are admitted? \_\_\_\_\_

How many classes are you intending to take each semester? \_\_\_\_\_

I understand that if I am approved for admission/readmission, I will be admitted on "Academic Probation" and that I am subject to the rules and regulations of the "Standards of Progress" appearing in the *Snead State Community College Catalog*.

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

**FOR OFFICE USE ONLY**

Committee's Decision and Recommendations: \_\_\_\_\_

\_\_\_\_\_

Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

If approved, academic standing updated by \_\_\_\_\_ Date Entered \_\_\_\_\_

It is the policy of the Alabama State Board of Education and Snead State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.