



STCA

CLARK ATLANTA UNIVERSITY
ACADEMIC SUCCESS AND ENRICHMENT

Academic Appeal Form

Student's Name	ID#
Mailing Address:	Telephone Numbers:
Street Address/ P.O. Box	() -
City State Zip Code	() -

E-Mail Address:

Student's Appeal Statement: Briefly discuss any circumstances which may have led to your academic suspension. Provide explanations for each semester in which you **did not** earn a 2.0 gpa or higher. (You may add **one type-written page** should you need additional space.)

Statement of Improvement: Briefly discuss how you would improve your academic performance should you be academically reinstated.

Supportive Documentation: List all supportive documentation below and attach a copy of each.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

STUDENT'S SIGNATURE: _____ DATE: _____

Academic Appeals Committee

Academic Year: _____	Special and/or additional conditions or comments.
_____ Reinstated _____ Not Reinstated	

