



Academic Renewal Application

Student Name: _____ Student ID: _____

Phone: _____ E-mail Address: _____

Mailing Address: _____ City, State, Zip: _____

Name when previously enrolled, if different _____

- Your planned term of entry/re-entry at South Georgia State College following five-year (or more) absence from college: Fall 20____ Spring 20____ Summer 20____
- Have you completed an application for Admission/Re-Admission to SGSC? Yes No*
*If no, please submit an Admission/Re-Admission application along with this application.
- Have you earned a degree (Associate or Bachelor) from SGSC or another institution?
 Yes No
- Have you attended another institution other than SGSC within the previous five years?
 Yes No

Please select one:

- I am requesting Academic Renewal for all eligible coursework (SGSC and transfer).
- I am requesting Academic Renewal only for all eligible SGSC coursework.
- I am requesting Academic Renewal only for all eligible transfer coursework.

CERTIFICATION: Having read and understood the Board of Regents Academic Renewal Policy provided, I think myself eligible and hereby request Academic Renewal. In doing so, I understand that, if my application is approved, my decision to enter/re-enter South Georgia State College under the Academic Renewal Policy is irreversible.

Signature

Date

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Office Use Only: Eligible Yes No Processed by _____ Date _____