

Admissions & Records Office

2046 North Parkway, Jackson, TN 38301 Fax: (731) 425-2653 | Phone: (731) 425-2654

Email: admissions@jscc.edu

ACADEMIC SUSPENSION APPEAL

To determine if you are eligible to enroll before the end of your suspension term, please complete this form and return it to the Admissions and Records Office. You can submit this form via mail, email, fax, or in-person. You will be contacted once a decision has been made.

This form is for Academic Suspension appeals **only**. If you are on Financial Aid Suspension, you will need to submit a **separate** appeal to the Financial Aid Office.

Name:		J Number:		
Phone Number:	Email Addre	ess:		
Appealing Academic Suspension for: Seme	ster: 🗌 Fall	\square Spring	☐ Summer	Year:
Please answer the following questions. Addition	onal sheets o	f paper can	be attached.	
1. What circumstances led to your suspension emergency, please attach documentation.	? If your susp	ension is di	ue to illness, acc	cident, or family
2. What steps are you planning to take to imp	, ,			
Student's Signature:			Date:	

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