

Application for Academic Renewal

Full Name	Stuc	Student ID Number	
Street Address		City, State, Zip	
 Phone Number	E-mail address	Term/Year of Re-Enrollment	
		cation to the Office of Undergraduate Admissions. If you are to your dean's office or to the Educational Affairs	
Here are the eligibility	requirements for Academic Renew	al. Please check all statements that apply to you.	
I have not attend	ed any post-secondary institution, in	cluding UGA, in the past five years.	
I encountered ac	ademic difficulty (i.e., probation, dis	missal, etc.) when last at UGA.	
While on acaden	nic dismissal from UGA, I did not att	end one or more University System of Georgia institutions.	
I re-enrolled at U	JGA no more than three semesters or	a year ago, whichever comes first.	
Please initial by these s	tatements, indicating that you und	erstand.	
I have read and ι	understand the University of Georgia	Academic Renewal policy.	
be eligible to cou	-	demic advisor, and understand which courses will no longer sfer credit taken at a University System of Georgia	
	the granting of Academic Renewal demic Progress nor the admissions re	does not supersede financial aid policies regarding equirements of certain programs.	
	Academic Renewal, if approved, is I may receive Academic Renewal on	irrevocable. I cannot change my mind after this form has ly once.	
	I understand that if I receive Academic Renewal and subsequently encounter academic difficulty, dismissal subjects me to permanent exclusion from the University.		
Do you qualify for Acad are making you		n still appeal, but please state the basis with which you	
Signature of Student		 Date	

Educational Affairs Committee appeals@uga.edu
102 Memorial Hall p: (706) 542-4336
Athens, GA 30602 f: (706) 542-0544