

**ACADEMIC APPEALS AND BANKRUPTCY
APPLICATION**

NAME _____ ID# _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

MAJOR _____ MINOR _____

I WISH TO APPEAL: (check the appeal that applies)

MY ACADEMIC STANDING _____ MY FINANCIAL AID STATUS _____

APPLY FOR ACADEMIC BANKRUPTCY _____ *(indicate the semester and the courses you wish to bankrupt) _____

The following are my reasons for making this request:

*By my signature, I understand that once Academic Bankruptcy has been elected that it cannot be removed and further that this request may be made only one time in my academic career at the University of the Cumberlands.

Student's Signature

Date

Chair, Academic Standing Committee

Date

Special conditions required by the Academic Standing Committee:
