NORTH GREENVILLE
UNIVERSITY
Christ Makes the Difference

NON-SATISFACTORY ACADEMIC PROGRESS APPEAL

I. Student Information

_____
Last *First* *Middle*

_____
Street Address *City* *State & Zip*

Current Phone Number: _____

Email Address: _____

Student ID or Social Security Number: _____

Student Signature: _____ Date _____

❑ Traditional ❑ CAPS ❑ Graduate

II. Justification for Appeal

If you believe your academic performance was influenced by unusual or mitigating circumstances *(i.e., illness, accident, or hospitalization; or other family emergencies)*, you have the option to appeal.

Detail the circumstances that affected your academic standing, as well as your plans to overcome these difficulties and improve your standing. A committee will review your request and respond after you submit the completed appeal.

Please use the following space to write your appeal.

_____

II. Justification for Appeal (continued)

III. Submission Method—Please mail to:

Traditional Students:
North Greenville University
Attn: Academic Affairs Office, Missy Conard
P.O. Box 1892
Tigerville, SC 29688
Email: melissa.conard@ngu.edu
Phone: 864.977.7011
Fax: 864.977.7031

CAPS Students:
North Greenville University
Attention: Marti Glass
1400 Locust Hill Road
Greer, SC 29651
Email: marti.glass@ngu.edu
Phone: 864.663.0147 ext: 1147
Fax: 864.877.1653

Graduate Students:
T. Walter Brashier Graduate School
Graduate Academic Services
Attention: Tawana Scott
North Greenville University
1400 Locust Hill Road
Greer, SC 29651
Email: tawana.scott@ngu.edu
Phone: 864.663.0182
Fax: 864.877.1653

Office Use Only

Appeal Form Received Date: _____

Appeal Approval Date: _____

Appeal Denial Date: _____