



2000 Clayton State Boulevard  
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## READMISSION APPEAL FORM

**You MUST complete a readmission application before this appeal can be considered. All documents required for the appeal process must be received by the Office of the Registrar by the readmission deadline for the term.**

**Term you plan to re-enter:** ☐ Fall ☐ Spring ☐ Summer Year \_\_\_\_\_ **Laker ID** \_\_\_\_\_

\_\_\_\_\_  
*Last Name First Name Middle Name Other Last Name(s)*

\_\_\_\_\_  
*Current Mailing Address Street Apartment Number*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Telephone Number Email Address Date of Birth*

**Degree Objective:** ☐ Bachelors ☐ Associates ☐ Certificate **Major:** \_\_\_\_\_

**What is the nature of your appeal? Select one:**

\_\_\_\_ I am a former Clayton State student seeking readmission following academic dismissal from the university. (Students in this category must have sat out from Clayton State for at least one full calendar year.)

\_\_\_\_ I am a former Clayton State student seeking readmission following an academic suspension from the university. (Students in this category must have sat out from Clayton State for at least one semester.)

\_\_\_\_ I am on suspension/dismissal due to exceeding the maximum Learning Support attempts.

\_\_\_\_ I am a former Clayton State student with a transfer GPA below 2.0.

**Why do you think that you should be readmitted to Clayton State?**

**Directions:** Attach a signed and dated letter addressed to "Readmission Appeal Committee, Clayton State University." Your letter must be typed; handwritten letters **will not** be reviewed. Your letter should be as clear and thorough as possible and should (1) explain the reasons for your previous academic difficulties; (2) indicate why those problems are unlikely to reoccur; and (3) detail your plans for academic success in the future.

Attach any supporting documentation you may have. If applicable, you may include letters from faculty, advisors, or others who may be able to provide information to support your appeal.