



Academic and/or Financial Aid Suspension Appeal

Submit completed Academic and/ or Financial Appeal to Student Services, Lake Superior College
 2101 Trinity Rd, Duluth, MN 55811 or Fax: 218-733-5945 or email: registrar@lsc.edu

Deadline: Completed appeal forms & supporting documentation must be submitted no later than the
 Tuesday before the start of the term at 4:30p.m.

Incomplete Appeals will not be reviewed.

Results are emailed to the email address provided on this form

Last Name	First Name	Middle Initial	Student ID or Star ID	
Street Address		City	State	Zip
Phone Number		Email Address (REQUIRED)		
Semester Requesting Reinstatement: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		Year: _____		
Program: _____		Expected Graduation Term / Year: _____		

Step One: Complete the following boxes to identify your suspension appeal type and current academic information.

I am appealing my (check ALL that apply)*

Academic Suspension
 Financial Aid Suspension
 Financial Aid Suspension due to 150% Maximum Time Frame

If you are appealing both an Academic & Financial Aid Suspension, and your Financial Aid Appeal is denied, do you still want your Academic Appeal reviewed? Yes No

**If you are unsure if you are suspended from financial aid or academic reasons, please check your dashboard in your e-services account.*

My current cumulative GPA is: _____*

My current cumulative completion rate is: _____%*

Check one:

This is my first academic suspension.
 I have been suspended before.
If yes, please answer below .

Summer _____ Fall _____ Spring _____
 Year Year Year

**If you are unsure of your GPA and/or completion rate, contact an Academic Advisor in the Student Services Center.*

Step Two: Suspended students may appeal **based on extenuating circumstances.**

In the box below, indicate your extenuating circumstances. **Supporting documentation is required.**

NOTE: Extenuating circumstances do not guarantee an appeal will be approved.

I am appealing based on: (Check all that apply and attach supporting documentation)

Chronic ongoing condition or illness that prevented participation or interfered with your ability to be successful for two or more weeks.
 Use the attached *Healthcare Provider Statement* form or a letter from a medical professional on letterhead.
 This form along with any other medical documentation will **ONLY** be accepted by fax **directly** from the medical provider.

Death of a family member.
 Attach documentation, such as death certificate or obituary.

Legal circumstances beyond your control. **This does not include incarceration**
 Attach documentation such as police report, Order of Protection, etc.

Not ready or prepared for college.
 Enrolled for wrong reasons, worked too many hours, didn't study enough, took too many credits, poor time management, etc.
 Attach documentation such as letter of recommendation / support.

Program change
 Can only be used in 150% maximum time frame request for financial Aid Suspension.
 Provide written rationale / documentation as to why you have changed programs.

Recent academic success
 Attach academic transcript documenting the completion of at least 6 credits with a minimum 2.5 GPA and completion rate of 100%.

Unexpected military activation
 Attached copy of military orders with dates coinciding with enrollment.

Other _____

1. How have the situations above been resolved since last attending? Attach additional page if necessary.

2. What courses are you planning to enroll in?

3. How many credits do you wish to take? _____

Step Three: Read and initial each of the following notes.

I understand that if my appeal is granted, I will continue on academic probation and am require to earn at least at a 2.5 term GPA and 100% term completion rate until my cumulative GPA reaches 2.0 and my cumulative completion rate reaches 67%.

I understand that if my appeal is granted, I am required to meet with an academic advisor to complete an *Academic Success Plan* before I can register for classes. **The *Academic Success Plan* must be done by the Friday before the start of the semester at 4:00pm.** Meeting times are limited, contact your advisor immediatley.

I understand that if my Academic Suspension Appeal is approved, but my Financial Aid Appeal is denied, I am responsible for full payment of tuition and fees. If I choose not to attend Lake Superior College, I understand I am responsible for dropping / withdrawing from my classes.

I understand that if my appeal is denied, I can submit additional documentation along with a *Request to Reconsider* form to the Vice President of Academic & Student Affairs for an academic appeal or to the Vice President of Finance for a financial aid appeal within 10 business days of the denied appeal notification.

Step Four: Attach the following REQUIRED information AND sign/date the form.

Supporting documentation of extenuating circumstances as outlined in Step 2, if applicable.

Student Signature

Date

Office Use Only

Appeal is APPROVED for: Fall _____ Spring _____ Summer _____ Year _____ Date _____

- Academic Suspension
- Financial Aid Suspension
- Financial Aid 150% Maximum Time-Frame

Comments: _____

Appeal is DENIED for: Fall _____ Spring _____ Summer _____ Year _____ Date _____

- Academic Suspension
- Financial Aid Suspension
- Financial Aid 150% Maximum Time-Frame

Comments: _____

Academic Dean, or designee: _____

Director of Financial Aid, or designee: _____

Director of Advising, or designee: _____

Registrar, or designee: _____

Executive Diversity Officer, or designee: _____

Office use only:

__ 0096 added __ 0002 end dated __ 0001 added __ Susp YRTR end dated



A member of Minnesota State

Health Care Provider Statement for Student Petition / Appeal

The student named below has requested special consideration of their academic or financial status with Lake Superior College due to health/medical reasons. **The conditions need to be serious enough to necessitate a significant absence from classes, and/or or the inability to complete course work.**

This form is to be completed by a physician or health care provider and **faxed directly** to
Lake Superior College Student Services at **218-733-5945**
Hand-delivered forms from the student will not be accepted.

Student's Name: _____ **Student's Date of Birth:** _____

1. Dates of a health/medical condition/flare up or on-going medical condition that prevented the student from attending/participating in courses at LSC: From _____ to _____
Additional information:

2. The health/medical condition/flare up was severe enough to affect the student's attendance for a significant period of time and/or ability to be academically successful. **Yes or No** (circle one)

3. The condition is now controlled enough for the student to succeed in classes. **Yes or No** (circle one)

4. Additional information regarding the health/medical condition/flare up:

Health Care Provider Printed Name: _____

Name of Health Care Center or Practice: _____ Phone Number: _____

Health Care Provider's Signature: _____ Date: _____