



# ACADEMIC SUSPENSION APPEAL

**All questions must be answered and all documentation attached in order to be considered.**

**Submit completed appeal to the Student Services Center: Suspension Appeal, Lake Superior College**

NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SEMESTER/YEAR REQUESTING ENROLLMENT \_\_\_\_\_ PROGRAM \_\_\_\_\_

**What prevented you from meeting satisfactory progress standards? Check all that apply. MUST include documentation**

- \_\_\_\_\_ Poor time management (worked too many hours, didn't study enough, took too many credits, etc.)
- \_\_\_\_\_ Documentation: Signed letter of recommendation, preferably on letterhead, from non-family member.
- \_\_\_\_\_ Not ready or prepared for college/enrolled for wrong reasons.
- \_\_\_\_\_ Documentation: Signed letter of recommendation, preferably on letterhead, from non-family member.

Reasons below require that professional documentation be attached:

- \_\_\_\_\_ Chronic ongoing medical condition or illness that prevented attendance for two or more weeks.  
\_\_\_\_\_ Documentation attached. EXAMPLE: physicians letter on letterhead, accident report, etc.
- \_\_\_\_\_ Unexpected military activation.  
\_\_\_\_\_ Documentation attached. EXAMPLE: deployment orders with dates coinciding with enrollment.
- \_\_\_\_\_ Death of parent, spouse, child or dependent adult.  
\_\_\_\_\_ Death certificate copy attached.
- \_\_\_\_\_ Legal circumstances beyond your control. This does NOT include incarceration.  
\_\_\_\_\_ Documentation attached. EXAMPLE: police report, Order of Protection, etc.
- \_\_\_\_\_ Other: (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How have the situations above been resolved since last attending?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answer all of the following questions:

1. How many hours per week will you be working? \_\_\_\_\_ Hours per week.
2. How many hours per week will you study for each credit you enroll in? \_\_\_\_\_ Hours per credit.
3. What college resources will you regularly access? \_\_\_\_\_  
\_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

OFFICE USE ONLY: **NO ACTION DENIED APPROVED\*** for: **SPRING SUMMER FALL** Year \_\_\_\_\_

**Academic Dean** \_\_\_\_\_

**Date** \_\_\_\_\_

**comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Students whose appeals are approved must next meet with a counselor before registering. Your scheduled meeting is:*

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **COUNSELOR:** \_\_\_\_\_

*Meeting times are limited. Call 218-733-7603 if you have an unresolvable scheduling conflict.*