**Academic and/or Financial Aid Suspension Appeal**

Submit completed appeal to the Student Services Center at Lake Superior College, ATTN: Student Services, 2101 Trinity Road Duluth MN 55811. Fax: 218-733-5945

Deadline: Completed appeal forms must be submitted no later than the Tuesday before the start of the term at 4:30 p.m. *Incomplete appeals will not be reviewed.*

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**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

**Follow up:** If you are appealing both an Academic and 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.

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**My current cumulative GPA is ____________.*

**My current cumulative completion rate is _____.*

**Check one:**
- ☐ This is my first academic suspension.
- ☐ I have been suspended before.
  - Summer _____ Fall _____ Spring _____
  - Year   Year   Year

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Step Two: Suspended students may appeal based on extenuating circumstances. In the box below, indicate your extenuating circumstances. **Supporting documentation is required.** Please note that having extenuating circumstances does not guarantee that your appeal will be approved.

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

- ☐ Chronic ongoing condition or illness that **prevented participation or interfered with your ability to be successful for two or more weeks.** (Using attached Medical form or physician’s letter on letterhead faxed directly to LSC from the medical provider, etc.)
- ☐ Death of parent, spouse, sibling, child, or other immediate family member. (Attach copy of death certificate).
- ☐ Legal circumstances beyond your control. This does NOT include incarceration. (Attach copy of police report, Order of Protection, etc.)
- ☐ Change Academic Success Plan. (Explain what has happened to make the change necessary and how you will be able to make academic progress.)
- ☐ Recent academic success. (Attach academic transcript documenting the completion of at least 6 credits with a minimum GPA of 2.5 and minimum completion rate of 100%)
- ☐ Program Change NOTE: Can only be used in 150% Maximum Time Frame Requests for Financial Aid Suspension. (Provide written rationale/documentation as to why you have changed programs.)
- ☐ Poor time management (worked too many hours, took too many credits, etc.) Attach a letter of recommendation from an employer, agency, or neutral third party on letterhead, and with a handwritten signature. NOTE: LSC Faculty can email Registrar@lsc.edu.
- ☐ Not ready or prepared for college/enrolled for wrong reasons. Attach a letter of recommendation from an employer, agency, or neutral third party on letterhead, and with a handwritten signature. NOTE: LSC Faculty can email Registrar@lsc.edu.
- ☐ Other: (explain) ____________________________________________
Additional information required:

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

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 required to earn at least 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 a counselor to complete an “Academic Success Plan” before I can register for classes. The deadline to meet with a counselor is the Friday before the start of the semester at 4:00 p.m. Meeting times are limited. Call 218-733-7603 if you have an unresolved conflict.

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

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

1. Supporting documentation of extenuating circumstances as outlined in Step 2.

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
_________________________________________  Counselor
_________________________________________  Director of Financial Aid
_________________________________________  Director of Advising
_________________________________________  Registrar
_________________________________________  Other
Medical Provider Statement for Student Petition/Appeal

The student named below has requested special consideration of his/her academic or financial status with Lake Superior College due to medical reasons. **The medical condition needs 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 medical professional and **faxed directly** to 218-733-5945, Lake Superior College Student Services Center, Attn: Student Services. Hand-carried forms will **not** be accepted.

**Student’s Name:** ________________________  **Student’s Date of Birth:** ____________

1. This is a chronic on-going medical condition that prevented the student from attending/participating in courses at LSC.  
   Yes or No (please circle one)  
   **OR**
   
   Dates of a short term medical condition/flare up of on-going medical condition that prevented the student from attending/participating in courses at LSC: From __________ to ____________

2. The medical condition 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 (please circle one)

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

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

   Medical Professional’s Printed Name: __________________________________________________________

   Name of Medical Center or Practice: ___________________________________ Phone Number: ____________

   Medical Professional’s Signature: ___________________________________ Date: ____________________