



# Academic Suspension Appeal

(Non-Financial Aid)

**Name:** \_\_\_\_\_ **Student ID # (LoLA)** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Pogram/Degree Plan:** \_\_\_\_\_ **Note:** Please submit Change of Program/Degree Plan Form if needed

**Last term attended: (select term, enter year):** Fall    Spring    Summer    Year: \_\_\_\_\_

**Semester you wish to return: (select term, enter year):** Fall    Spring    Summer    Year: \_\_\_\_\_

**Please answer the following questions and attach your responses to this appeal form along with all supporting documentation.**

1. Provide a clear and concise explanation of the events/circumstances that were detrimental to your academic performance during the last term enrolled and previous terms in which your term GPA was less than 2.0.
2. Explain how your academic performance was affected by these events/circumstances.
3. Clarify how the events/circumstances have been resolved.
4. Describe your plans for ensuring satisfactory academic performance in the coming academic term, should your appeal be approved. Additionally, what on, and off, campus resources will you utilize to be academically successful?

### Documentation

Are you submitting documentation with the appeal (select)?    Yes    No

All submitted documentation must specifically address the issues described in your letter of explanation. When appealing based upon medical or psychological issues, please provide statements from your health care provider that explain how your circumstances impacted your academic performance.

You may schedule an appointment with the appropriate Divisional Dean (see below) to review circumstances that led to this suspension/dismissal and to discuss your letter of appeal. Please wait 48 hours after submitting this form.

Students who are academically suspended and whose appeals are not approved are required to sit out for one full academic semester (not including summer sessions) before returning from Suspension.

<b>For Office Use Only:</b>		
Appeal Approval _____ Yes    _____ No	Signature of Dean: _____	Date: _____
Indicate any Special Conditions (i.e. limit credit hrs, etc.)		
Appeal Approval _____ Yes    _____ No	Committee on Academic Appeals: _____	
Date Received: _____	Date Processed: _____	Registrar's Office: _____

## Academic Appeals – Information Sheet

A SLCC student on academic suspension seeking to be considered for readmission to SLCC during a suspension semester, must complete all steps of the appeal and enrollment process. These are outlined below:

### Instructions for Academic Appeals

1. A student who wishes to appeal academic suspension must submit an appeal form by the deadline in the academic calendar that is published on our website, [www.solacc.edu](http://www.solacc.edu), and/or listed below. Academic suspension appeals are considered in cases where circumstances beyond the student's control have interfered with the student's academic performance.

Events/Circumstances that Merit an Appeal:

- Personal or family emergency
- Unanticipated, serious medical difficulty (excluding chronic conditions--students are responsible for properly balancing work with known chronic conditions)
- Serious psychological difficulty

Information to be included in the appeal:

- State the academic term of suspension you are appealing.
  - Explain the events/circumstances that were detrimental to your academic performance.
  - Attach any supporting documentation of events/circumstances that merit your appeal.
  - Describe how the events/circumstances in your appeal have been resolved.
  - Describe your plans for ensuring satisfactory academic performance in the coming academic term, should your appeal be approved.
2. Student will submit completed form, along with any documentation to the appropriate divisional email (see below) of the program in which you wish to enter and/or remain.
  3. Student may schedule an appointment with the appropriate divisional contact to review circumstances with the Divisional Dean that led to this suspension and to discuss your letter of appeal. Please wait 48 hours after submitting the appeal form.

<i>Program / Major</i>	<i>Divisional Contact Information</i>
Business, Information Technology & Technical Studies	(337) 521-9033, <a href="mailto:BITS@solacc.edu">BITS@solacc.edu</a>
Liberal Arts & Humanities	(337) 521-6636, <a href="mailto:LAH@solacc.edu">LAH@solacc.edu</a>
Nursing & Allied Health	(337) 521-9628, <a href="mailto:nursing.alliedhealth@solacc.edu">nursing.alliedhealth@solacc.edu</a>
STEM, Transportation, & Energy	(337) 521-9064, <a href="mailto:STEM@solacc.edu">STEM@solacc.edu</a>

**Contact the Registrar's Office (337.521.8925) for additional information.**

**In order to appeal to return to classes; the appeal must be submitted by this date:**

<b>Fall (1st Deadline)</b>	<b>July 13<sup>th</sup></b>	<b>Spring (1st Deadline)</b>	<b>December 1<sup>st</sup></b>
<b>Fall (2nd Deadline)</b>	<b>First day of Fall semester</b>	<b>Spring (2nd Deadline)</b>	<b>First day of Spring semester</b>

- **No appeals will be accepted for Summer**
- **2<sup>nd</sup> Deadline for Late Applicants Only**

**Note: Deadlines are final, and no exceptions are made.**