

Academic Appeals and Probation Office
St. Cloud State University, Centennial Hall 208
St. Cloud, MN 56301-4498
aap@stcloudstate.edu

SUSPENSION APPEAL FORM

Name _____ Student ID Number _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Husky Net E-mail address _____@stcloudstate.edu

Previously suspended? Yes ___ No ___ If yes, what term? _____

Intended or Declared Major _____

What is the next semester for which you intend to register? Fall ___ Spring ___ Summer ___

Would you like this information shared with the Financial Aid Office as an appeal for financial aid? Yes ___ No ___

The University requires the following for students to be in good standing:

- 1) GPA: 1.75 GPA at SCSU for students who have attempted 44 credits or fewer credits combined at all post-secondary institutions; or
2.00 GPA at SCSU for students who have attempted 45 or more credits combined at all post-secondary institutions; or
2.65 GPA for students who have completed a bachelor's degree; and
- 2) Credit completion rate: 66.67% completion rate for all credits attempted.

Reinstatement following notice of suspension is considered **ONLY** in extenuating circumstances with documentation and an academic success plan. Documentation may include statements from a medical provider, mental health professional, judge, lawyer, etc. **REQUESTS WITHOUT DOCUMENTATION AND AN ACADEMIC SUCCESS PLAN WILL NOT BE CONSIDERED**. Completion of the following information is required as part of your appeal to be reinstated to St. Cloud State University. The University wants to know what extenuating or serious conditions existed to cause your probation and suspension, and how you have changed these conditions so you can be successful.

1. Please describe the extenuating circumstances which contributed to your grade point average and/or lack of progress leading to your suspension. (Attach a separate sheet for questions 1 and 2 with any related documentation.)
2. For consideration of reinstatement, state the changes you have made or how the conditions in question 1 have changed to eliminate the problem causing your suspension.

Student's Signature _____ Date _____

You may fax this form, documentation, and academic success plan to 320-308-5672 or submit the information appeal to Centennial Hall 208.

For Office Use Only

ACADEMIC SUCCESS PLAN TEMPLATE

Student Name _____ SCSU ID _____

Current Cumulative GPA _____
Current Cumulative Credit Completion Rate (CCR) _____ %

(This information is on the suspension email you received.)

Identify those obstacles that prevented you from succeeding academically at SCSU:

- Poor attendance
- Study skills
- Financial Issues
- Academic rigor of major program
- Difficulty adjusting to college from high school or previous life circumstances
- Difficulty with course content (list specific course(s) _____)
- Other _____
- Test-taking difficulties
- Time management
- Personal Issues

Please answer the following questions on a separate sheet (typed) and attach to this form along with the signature of your advisor, a faculty member, or other university staff who will monitor your academic success plan.

1. How do the obstacles you selected above interfere with your ability to succeed academically at SCSU?
2. What are your solutions to overcoming these obstacles? See the list below.
3. Explain how you will work with an advisor, faculty member, or other university member to reach your academic goals? How many times a month/semester will you meet to discuss your progress? Include specific dates.

Identify those offices and resources at SCSU that you will work with to support your academic success.

- Academic Learning Center (CH 236)
- Business Advising (CH 229)
- Major Advisor
- Multicultural Academic Support Center (AMC 154)
- Women's Center (WC)
- The Write Place (51B 117)
- Tutoring _____
- Other _____
- Advising Center (CH 210)
- Counseling and Psychological Services (SH 103)
- Math Skills Center (CH 224)

The following questions are to be completed during your advising appointment.

What semester/term GPA do you intend to earn? _____
What semester/term credit completion rate (CCR) do you intend to earn? _____ %
What cumulative GPA do you intend to earn by the end of the semester? _____
What cumulative credit completion rate (CCR) do you intend to reach by the end of the semester? _____ %
What is the **maximum** number of credits you will enroll in? _____ Credits

Student Signature

Faculty/Staff Member Signature / Date

Date

Printed SCSU Faculty/Staff Member Name SCSU

Please keep a copy of this for your records.

Revised 12/02/2011