

Academic Appeals and Probation Office
St. Cloud State University, Centennial Hall 210
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; 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 210.

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 (listed below) that prevented you from succeeding academically at SCSU. Explain and document issues for every semester that led to this suspension:

- 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.

- How do the obstacles you selected above interfere with your ability to succeed academically at SCSU?
- What are your solutions to overcoming these obstacles? See the list below.
- 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 (CH 221)
- Women's Center (WC)
- The Write Place (51B 117)
- Tutoring _____
- Other _____
- Advising Center (CH 366)
- 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 6/15/2015

ST. CLOUD STATE UNIVERSITY

720 4th AVENUE SOUTH
ST. CLOUD, MINNESOTA 56301-4498

Student: If you cited medical or psychological issues as reasons for an academic appeal or other academic change, it is necessary to have your medical/psychological provider verify the extenuating circumstances that are cited in your request. It is not necessary to supply full medical records. The provider information on this form must be returned with your appeal or academic change request.

MEDICAL VERIFICATION FORM FOR ACADEMIC APPEALS AND REQUESTS FOR ACADEMIC CHANGE

SCSU ID# or SSN: _____ Email: _____@stcloudstate.edu

First Name _____

Middle Name _____

Last Name _____

COURSE(S) IMPACTED BY MEDICAL/PSYCHOLOGICAL CONDITION (list individual courses):

Entire Semester: Term _____ Year _____

	ID: Ex 000243	Course Title	Dept Ex ENGL	Number 191	Sec 01	Credits 4	Term SPRING	Year 2014
1								
2								
3								
4								

Return to (student check department):

Academic Appeals & Probation
St. Cloud State University, CH210
720 4th Avenue South
St. Cloud, MN 56301-4498
Fax: (320) 308-5672
Email: aap@stcloudstate.edu

Business Services
St. Cloud State University, AS123
720 4th Avenue South
St. Cloud, MN 56301-4498
Email: businessservices@stcloudstate.edu

Office of Records and Registration
St. Cloud State University, AS118
720 4th Avenue South
St. Cloud, MN 56301-4498
Fax: (320) 308-2059
Email: registrar@stcloudstate.edu

Other: Office _____
St. Cloud State University, _____
720 4th Avenue South
St. Cloud, MN 56301-4498
Fax: (320) 308- _____
Email: _____@stcloudstate.edu

Please sign and date this form which acknowledges that you give permission to your medical/psychological provider to furnish the required information below.

Student Signature: _____ Date: _____

PROVIDER: The student named above is requesting documentation for extenuating circumstances that have impacted their academic performance. The nature of the request and the permission to release information are at the top of this form. Please respond on your letterhead or fill out form on opposite side and attach business card. Return to office address indicated by student. Thank you.

Student's First Name

Student's Middle Name

Student's Last Name

Last 4 SSN

Provider Name: _____

Contact information: (Attach card or include letterhead) _____

Provider Signature: _____ Date: _____

This St. Cloud State University student is asking to withdraw from one or more classes or appeal an academic issue because of a medical/psychological condition for which you have treated them.

Please fill out the following portion of this form in its entirety to assist the student in the withdrawal process.

Medical/psychological condition (brief description-Submission of medical records not required):

Date of onset of condition: _____ Duration of condition: _____

Dates of visits for this condition: _____

- In your professional opinion would the above condition for which you have treated the student prevent a student from attending class sessions in a University setting? Yes ____ No ____
- Please identify the dates or duration for which attendance may be impacted: _____
- In your professional opinion would the above condition for which you have treated the student prevent completion of coursework in a University setting for the above time periods? Yes ____ No ____
- Please identify the dates or duration for which coursework may be impacted: _____
- In your professional opinion has treatment progressed to the point where resumption of coursework and attendance is a reasonable expectation for the student? Yes _____ No _____