



7411 85th Ave North
Brooklyn Park, MN 55445
Advising Center | ES 69| 763-424-0703
Financial Aid | ES 46| 763-424-0728
Fax: 763-424-0704

Academic and Financial Aid Suspension Appeal

Name: _____ Student ID/StarID/SSN: _____
Last First M.I.

Phone Number (____) - ____ - ____ Email Address: _____

Street Address: _____

Term seeking to Return: _____ Are you an International Student (please check one) Yes or No

Check type of appeal: **AND Check all that apply:**

- Both Academic & Financial Aid Suspension Academic Suspension Only
 Financial Aid Suspension Only

1) What do you consider to be key contributors to the academic difficulty you have experienced? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Lack of basic skills (math/reading/writing) | <input type="checkbox"/> Medical/Health Issues |
| <input type="checkbox"/> Too many credits (with other responsibilities) | <input type="checkbox"/> My Work Situation |
| <input type="checkbox"/> Personal Problems/Issues | <input type="checkbox"/> My Home Situation |
| <input type="checkbox"/> No major/career direction (lack of a focus/goals) | <input type="checkbox"/> Serious Illness |
| <input type="checkbox"/> Relationship Problems/Issues | <input type="checkbox"/> Death in Family |
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Other: _____ |

2) Please explain (in detail) the reasons/extenuating circumstances you indicated above for falling below the academic progress standards. Be sure to type/print clearly and attach any supporting documentation such as a medical or legal statement.

3) Please explain your plan for this term to achieve academic success. What plans have you made to resolve the issues that kept you from being successful? What are your educational goals? (Example: What changes will you make and what services do you plan to use?)

4) What is your planned enrollment if your appeal is approved? What is your weekly class/study/work commitment?

Course Name & Number	Credits
Total Credits	

Number of Credits	Class/Study Hours
<input type="text"/>	<input type="text"/>
x 3	+
Work Hours (per week) =	<input type="text"/>
Total	<input type="text"/>

By signing below, I certify that I completed this appeal and that the information contained in this appeal is true to the best of my knowledge:

_____ Required Student Signature

_____ Date

Questions can be directed to the Advising Center staff by calling 763-424-0703 or stopping by the office (ES 69).

Conditions for Approved Appeals

If your appeal is approved, you are **required** to meet the following probation conditions:

1. Earn at least the minimum term standards of a 2.5 GPA and 75% Completion Rate (Grades of W, F, I, FN, NN, or NC are NOT successfully completed classes).
2. You are allowed to register for no more than **8 Credits**. Note: _____
3. Meet with an academic advisor by _____ to review appeal conditions and register.
4. Complete and review Self-Evaluation Reports for each class with academic advisor by mid-term.

-----**Appeal Decision (Office use only)**-----

Approved: Academic Suspension _____ Financial Aid Suspension _____

Denied: Academic Suspension _____ Financial Aid Suspension _____

Decision Cannot be Made: Academic Suspension Financial Aid Suspension

Denial Reason(s):

- Situation does not meet the definition of extenuating circumstances
- Multiple suspensions at NHCC/Failure to follow conditions of previous appeal
- Missed appeal deadline Incomplete appeal/Lack of documentation Financial hold/Balance due

Other/Notes:

Reviewer: _____