



Leech Lake Tribal College Academic & Financial Aid Appeal Form

When a student is placed on Academic Suspension, they must complete an Academic & Financial Aid Appeal/Petition Form to be reviewed by the Progressive Academic Student Success (PASS) Committee. Students must complete this appeal form in the following circumstances:

- The student has already stopped-out the required amount of time following suspension (one semester for the first suspension, one calendar year for the second suspension, and two calendar years for the third and subsequent suspensions).
- The student has been placed on academic suspension, but there are extenuating circumstances that impeded their academic performance and they would like to request the suspension be waived for the upcoming semester in order for them to demonstrate improved performance.

Students must submit the completed form to the Academic Success Counselor at least two weeks prior to the beginning of each semester. The PASS committee meets biweekly at which time appeals are reviewed and a decision is made. Students will then receive written notification of the appeal decision from the Academic Success Counselor after the PASS Committee has made recommendations.

If accepted, you will return on Warning status and this will require participation in the Success Program with the Academic Success Counselor. This program is in place to help you be successful. You must understand that when you return from suspension there will be consequences (of further suspension) if you fail or withdraw from another class while on warning. Warning status can be more than one semester depending on your GPA and/or completion rate.

By filling out this form you agree that you understand your warning status, and that failure to follow through with a successful semester will lead to suspension.

Petition for: Type on lines below

Fall _____ Spring _____ Summer _____
Year Year Year

Student Information:

Full Name:

Mailing Address:

City/State/Zip:

Phone/Message/Cell:

Have you petitioned before? Yes No When? _____

Appeal Application (**OFFICE USE ONLY**)

Name: _____

Student ID: _____

Current Degree Plan/Program:

Plans after graduation:

What classes caused the most difficulties?

What kind of resources did you use?

Campus resources?

Personal resources?

Please take time to reflect on the questions below. During your meeting, you and your advisor will discuss the answers to the following.

What is your motivation for being in college?

CHALLENGES: In your own words, please describe the factors that contributed to your academic difficulties:

WHAT HAS CHANGED (With challenges): What actions have you taken to assist you with your challenges? Or how circumstances have changed or are different regarding the challenges listed above:

STRENGTHS: In spite of difficulties, I am proud of the following (Include both academic successes and personal success over the past few months.):

RESOURCES: The following people or resources can provide me support as I move forward:

TECHNOLOGY: Due to COVID most of our classes are online. Please explain how you are going to ensure you have access to the proper technology to be successful. *we may have resources available for you*

Please discuss what you do well and what you will need help with in the topics listed below.

STUDY SKILLS: (I.E. Concentration easily broken; Difficulty Managing time; well organized; use planners)

MAJOR/CAREER: (I.E. Uncertain of academic/career goals; Unsure of interests, skills, and abilities; Unsure of major choice, follow family careers)

FAMILY/SOCIAL: (I.E. child/parent with disabilities; struggle connecting with others; strong family support)

OFFICE USE ONLY

PASS Committee Reviewed on: _____ Appeal Approved Appeal Denied

Letter sent to student indicating decision on: _____

Appeal Application (**OFFICE USE ONLY**)

Name: _____

Student ID: _____

PERSONAL ISSUES: (I.E. substance abuse; Balancing school, work, and/or family; Stress/Anxiety)

PERSONAL EVALUTION: However great our difficulties, there is always some degree of control that we have over the outcomes. Below is a place to sort out those items that are out of your control and those things you could have done differently over the past semester/s.

OUTSIDE MY CONTROL:

COULD HAVE DONE DIFFERENT:

GOAL SETTING AND ACTION PLAN FOR SUCCESS - goals you have identified to help you succeed this semester.

1) Goal:

a) action step:

2) goal:

a) action step:

3) goal:

a) action step:

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PASS Committee Reviewed on: _____ Appeal Approved Appeal Denied

Letter sent to student indicating decision on: _____