

# ACADEMIC SUSPENSION APPEAL FORM

## Student Information

Full name: \_\_\_\_\_ Wartburg ID: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City, State or Country: \_\_\_\_\_  
Email address: \_\_\_\_\_ Cell/home number: \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Academic Year:       Year 1     Year 2     Year 3     Year 4  
Academic Advisor: \_\_\_\_\_  
Brief description of situation leading to appeal (e.g., medical issue): \_\_\_\_\_  
Date of submission: \_\_\_\_\_

This form was designed to allow you to explain what you think contributed to your poor academic performance. Your answers should be carefully thought through and well written. Questions should be answered completely and honestly. You should use additional sheets of paper as necessary to complete this evaluation and attach them to this form. Incomplete appeals may not be accepted.

## General Information

1. How many course credits have you successfully completed? \_\_\_\_\_
2. Which term and year is the basis for this suspension appeal (e.g., Fall 12)? \_\_\_\_\_
3. What is your Wartburg grade point average? \_\_\_\_\_
4. Is this your first academic suspension?     Yes     No

**Note:** Please access My.Wartburg or contact the Registrar's Office (319-352-8272) if you need assistance completing the General Information section.

## Unusual or Extenuating Circumstances

Check the box for the unusual or extenuating circumstance that is the basis for your appeal. **Documentation is required.**

- Injury/illness (medical documentation from a doctor, clinic, or hospital)
- Death in the immediate family (spouse, parent, child, or sibling)
- Other (please explain): \_\_\_\_\_

**NOTE: The following are NOT typically grounds for appeals:** Lack of funds, employment issues, change in marital status, child care issues, transportation issues, roommate issues, living conditions, lack of knowledge of college policy, dissatisfaction with instructor and/or course, or failure to follow prerequisites or placement results.

## Appeal Procedure (please follow this format; incomplete appeals will be denied)

You are strongly encouraged to communicate with your academic advisor before appealing your suspension.

Your appeal letter must be in the format listed below to be considered by the Appeals Committee. All supporting documentation must be included with your appeal. Your appeal letter should be one to two pages in length and written in a professional manner. Supporting documentation should include any other documentation that you believe will help your

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case. For example, a memo from a doctor, disability test results, medical or psychological evaluation, etc. Include only essential materials.

**Areas of Explanation** (each area must be addressed in the order listed.)

## *Paragraph #1*

Provide a detailed explanation of the circumstances that led to your lack of satisfactory academic progress. If you have been suspended from Wartburg College before and were accepted back after an earlier suspension, explain the circumstances that led to your current suspension.

## *Paragraph #2*

Please describe any support services you used during the term (tutoring, taking advantage of a Pathways program, meeting with your academic advisor, counseling services, etc.) If you did not use any services, please explain why you chose not to utilize support services at the College.

## *Paragraph #3*

What academic and personal measures have you taken to solve the problems or change the circumstances leading to your academic difficulty? Provide a detailed plan of action, including long term (rest of academic career at Wartburg) and short term (next academic term) goals, that you will follow to ensure academic success if you are readmitted to Wartburg. In this plan please be sure to address the following:

1. What academic habits contributed to your poor academic performance?
2. What plans do you have should your appeal be denied?
3. If you are readmitted, which courses do you need to repeat to improve your grade point average?

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**Initial the following statements to signify that you have read and understand the appeal process.**

\_\_\_\_\_ I understand that if this appeal is not successful, I will be required to fulfill my suspension in full (see Academic Catalog for complete details).

\_\_\_\_\_ I understand that the decisions and recommendations of the Appeals Committee are **FINAL**.

\_\_\_\_\_ If my appeal is successful, I must meet with an Academic Adviser and/or a member of the Pathways Center staff to discuss and implement the committee's recommendations.

\_\_\_\_\_ I understand that lack of appropriate documentation will severely limit the possible success of my appeal.

**In all cases, the following are REQUIRED:**

- Completed Academic Suspension Appeal Form.
- A grammatically correct and reasoned and composed letter written by the student describing his/her situation.
- Supporting documents and/or letters of support.
- A plan of action for subsequent enrollment, should the appeal be granted, including an updated degree plan.

\_\_\_\_\_ **Initial here to confirm that you have included all required components.**

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I hereby attest that these questions have been answered by me to the best of my ability. I understand that the committee will view incomplete information negatively and that this will adversely impact the consideration of my appeal.

Signature

Date

## Appeal Decision and Conditions – Office Use Only

First-time suspension       Multiple suspension      GPA \_\_\_\_\_      Completion Rate (%) \_\_\_\_\_

**Appeal is approved**

You may register for \_\_\_\_\_ term and you may register for no more than \_\_\_\_\_ credits. You will be placed on probation, and relevant policies and requirements will apply. Please refer to the Academic Catalog for complete details. **Note:** two or more sequential terms on academic probation results in academic suspension.

Conditions:

**Appeal is denied**

Denial Reason(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Lack of appropriate extenuating circumstances   | <input type="checkbox"/> Lack of documentation  |
| <input type="checkbox"/> Failure to follow conditions of previous appeal | <input type="checkbox"/> Missed appeal deadline |
| <input type="checkbox"/> Other:  |   |

Dean of Faculty

Date