



## ACADEMIC SUSPENSION APPEAL FOR REINSTATEMENT

*(This form MUST be typed. Appeal forms that are not typed will NOT be considered.)*

Name: \_\_\_\_\_

Banner ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
 City State Zip

E-mail Address: \_\_\_\_\_

Last Term in Attendance:                      Fall              Spring              Summer              Year: \_\_\_\_\_

Semester Seeking Reinstatement:              Fall              Spring              Summer              Year: \_\_\_\_\_

Intended Major prior to your Academic Suspension: \_\_\_\_\_

Intended Major, if your Suspension Appeal is granted: \_\_\_\_\_

Are you currently enrolled at another college/university for the current term?                       Yes                       No

If yes, where are you currently enrolled? \_\_\_\_\_

If you are enrolled at another college/university, what courses are you currently taking?						
Course Name	Course Number	Credit Hours		Course Name	Course Number	Credit Hours

**BACKGROUND INFORMATION**

When enrolled at SIUE,

- Did you have any Scholarships?                       Yes                       No
- Did you have Financial Aid (Grants & Loans)?                       Yes                       No
- Did you regularly meet with your Academic Advisor?                       Yes                       No
- Did you change your major?                       Yes                       No
- Were you the first person in your family to attend college?                       Yes                       No
- Did you live on campus?                       Yes                       No
- Did you work on campus?                       Yes                       No
- Did you work off campus?                       Yes                       No

How many hours did you work? \_\_\_\_\_

**DIFFICULTIES EXPERIENCED and/or CONCERNS**

Please check any of the following you believe hindered your academic performance prior to your academic suspension:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Academically under-prepared      | <input type="checkbox"/> Alcohol                     | <input type="checkbox"/> Adult/Non-traditional student    |
| <input type="checkbox"/> Changing majors                  | <input type="checkbox"/> Difficulties with professor | <input type="checkbox"/> Documented learning disabilities |
| <input type="checkbox"/> Drugs                            | <input type="checkbox"/> Family crisis               | <input type="checkbox"/> Failed to attend class           |
| <input type="checkbox"/> First Generation college student | <input type="checkbox"/> Homesickness                | <input type="checkbox"/> Non-native speaker               |
| <input type="checkbox"/> Over involvement in activities   | <input type="checkbox"/> Poor time management skills | <input type="checkbox"/> Relationship problems            |
| <input type="checkbox"/> Roommate problems                | <input type="checkbox"/> Took too many credit hours  | <input type="checkbox"/> Transfer student                 |
| <input type="checkbox"/> Victim of crime                  | <input type="checkbox"/> Worked too many hours       | <input type="checkbox"/> Other: _____                     |
- 

**RESOURCES**

Please check any of the following services you utilized at SIUE prior to your academic suspension:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Academic Advisor (General) | <input type="checkbox"/> Financial Aid               | <input type="checkbox"/> Student Health Center |
| <input type="checkbox"/> Academic Advisor (Major)   | <input type="checkbox"/> Instructional Services      | <input type="checkbox"/> SOAR                  |
| <input type="checkbox"/> Career Development Center  | <input type="checkbox"/> Library                     | <input type="checkbox"/> Speech Center         |
| <input type="checkbox"/> Counseling Services        | <input type="checkbox"/> Student Disability Services | <input type="checkbox"/> Writing Center        |
| <input type="checkbox"/> Tutoring in: _____         |  |  |

**ACADEMIC SUPPORT & HISTORY**

Please check any of the following that served in your academic support network prior to your academic suspension:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Academic Advisor(s) | <input type="checkbox"/> Family Member(s) | <input type="checkbox"/> Classmate(s) |
| <input type="checkbox"/> Professor(s)        | <input type="checkbox"/> Friend(s)        | <input type="checkbox"/> Employer(s)  |

How many hours a day did your study? \_\_\_\_\_ How many days per week did you study? \_\_\_\_\_

Describe your study environment (i.e. locations, lighting, desk, time of day, etc.) prior to your academic suspension.

Think about the courses you have taken. Which courses did you enjoy? In which courses did you perform well? In which courses could you have improved? What factors contributed to your success, enjoyment, or performance? Use the grid below to highlight three courses in each category.

<b>Courses in Which I Did Well or Enjoyed</b>			
<i>Course</i>	<i>Grade</i>	<i>Factors that contributed to my success</i>	<i>Strategies I used in this course that I should consider using again</i>

<b>Courses in Which I Could Have Improved</b>			
<i>Course</i>	<i>Grade</i>	<i>Factors that contributed to not doing well</i>	<i>Strategies I could have done to improve my performance</i>

**ACADEMIC SUSPENSION APPEAL QUESTIONS**

In addition to completing the previous information, you will need to answer the following questions. When answering these questions, you will need to provide detailed, specific, and often times, personal information regarding your circumstances surrounding your academic suspension from SIUE.

Below each question, you will find advice to assist you in answering the question. By responding to the following questions, you should be able to present a thorough appeal that provides background information needed by the committee. **Please type your answers to the following questions in letter format addressed to the Chair of the Academic Suspension Appeals Committee.**

**1. What circumstances have caused you to be in this appeal situation?**

*Advice: Share your understanding of why you were academically suspended from SIUE. If you made some mistakes, please admit this and let the committee know that you accept responsibility and consequences of those mistakes. Provide a well-organized explanation analyzing the reasons for your poor academic performance during your last semester enrolled, and previous semesters in which your semester GPA was less than a 2.0.*

**2. What steps have you taken to overcome previous challenges that hindered your academic success?**

*Advice: Share what you find challenging about college and how you plan to overcome these obstacles. Disclose what motivation you have in pursuing your college degree. Share how you will prevent yourself from being in the same situation in the future. Define who will be in your support network so you are able to succeed. Share what you have been doing while you have been away from SIUE.*

**3. What will be your academic plan for future semesters upon reinstatement in order to ensure your graduation?**

*Advice: Be very detailed in outlining your academic plan, as this is your only opportunity to show the Committee that you are giving this appeal serious consideration. Identify courses you plan to repeat, as this is the quickest path to improving your Grade Point Average and getting your academic status back into Good Standing. Indicate the courses you anticipate enrolling in when you return from Academic Suspension. Share how you plan to improve your study habits and study environment, interact with your support network, and how you plan on using your college degree after graduation.*

<b>Courses for Which I Plan to Enroll (Pending Approval for Reinstatement from Academic Suspension)</b>						
Department	Course Number	Credit Hours		Department	Course Number	Credit Hours

**4. What goals do you have for your future?**

*Advice: This is your opportunity to share with the Committee why it is important for you to return to SIUE. Share what your best experience has been as a student at SIUE.*

**5. What documentation do you plan to submit with your appeal?**

*Advice: Secure a letter of support from a faculty member in your major, a professor/instructor you had for a class in which you performed well, or your academic advisor. When submitting an appeal based upon medical or psychological issues, please provide a statement from your health care provider that explains how your circumstances had an impact on your academic performance.*

**STATEMENT OF COMPLIANCE – ACADEMIC SUSPENSION APPEAL POLICIES & PROCEDURES**

- I understand that I must appeal my academic suspension in order to be reinstated. I understand that this appeal for reinstatement is not automatic, and there is no guarantee that I will be permitted to attend SIUE in the future. I understand that suspension from SIUE can last for indefinite period of time.
- I understand that my appeal must be completed and received by the deadline specified for the semester I wish to seek reinstatement. I understand that reinstatement from academic suspension requires meeting specific conditions in a contract that will be established with an academic advisor.
- I agree to allow the Suspension Appeals Committee to retrieve any and all pertinent information so that they may make the best informed decision on my behalf. I certify that the information I have provided is true and correct to the best of my knowledge.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**SUBMIT YOUR APPEAL**

Submit to: Cheryle Tucker-Loewe, Chair  
 Suspension Appeals Committee  
 SIUE, Student Success Center 1220  
 Campus Box 1640  
 Edwardsville, IL 62026-1640

**APPEAL DEADLINE**

Fall Semester Reinstatement: July 1  
 Spring Semester Reinstatement: October 1  
 Summer Semester Reinstatement: March 1

OR FAX – (618) 650-3797