

Academic Suspension Appeal

A separate appeal is required if you are also suspended from financial aid.

Normandale Community College
9700 France Avenue South
Bloomington, MN 55431

Fill out completely. This becomes your mailing label.

_____ Name (print)
_____ Street Address (print)
_____ City, State, Zip (print)

The next term I wish to attend is (circle one only): Spring Summer Fall of (year) _____

Your signature

Student ID number

(_____) _____
Telephone number

Today's Date

Instructions for appeal (a separate appeal is required for financial aid suspension):

1. **Complete this form.** Be sure to indicate the term you next plan to attend.
2. **Attach a specific and complete explanation** of the circumstances that affected your academic progress. Include your plan for academic improvement.
3. If applicable, **attach documentation** that supports the circumstances you describe in your written statement.
4. **Submit your appeal** to the Records Office, Room C1083.

----- For Office Use Only ----- Do Not Write Below this Line -----

_____ Appeal approved for ___ Spring ___ Summer ___ Fall 20____.

If you decide to return a different term instead of the term indicated above, you must contact the Records Office.

_____ Appeal approved **conditionally**; to return the following semester, you must earn (as marked):

- a grade of C or better in all classes.
- a semester GPA of 2.50 or higher.
- no Ws.

_____ If you fail to meet these conditions, you are not eligible to attend until _____.

_____ Appeal denied. You are not eligible to attend Normandale until _____.

_____ No decision. Additional information is required. See below.

ALL DECISIONS ARE FINAL.

Registrar or Designee

Date