



Revised 7/14/17

Leech Lake Tribal College Academic & Financial Aid Appeal Form

Petition for:

Fall _____ Spring _____ Summer _____
Year Year Year

Student Information:

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone/Message/Cell: _____

Have you petitioned before? Yes No When? _____

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) Cimmittee. 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.

Students will receive written notification of the appeal decision from the Academic Success Counselor after the PASS Committee has made recommendations.

OFFICE USE ONLY

PASS Committee Reviewed on: _____ Appeal Approved Appeal Denied

Letter sent to student indicating decision on: _____



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Academic Assessment

What is your current Degree Plan/Program? _____

What do you want to do after your graduate? _____

In what classes have you had the most difficulties? _____

What campus resources have you used? _____

What is your motivation for being in college? _____

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

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 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.



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Please check the following areas that have been challenging recently.

STUDY SKILLS

- Concentration easily broken
- Difficult classes
- Difficulty managing time
- Too heavy of a course load

FAMILY/SOCIAL RELATED ISSUES

- Adjustment to college
- Connection with other students
- Home or family problems
- Housing/roommate issues
- Other: _____

MAJOR/CAREER-RELATED ISSUES

- Difficulty with courses in my major
- Uncertain of academic/career goals
- Unsure of interests, skills, and abilities
- Unsure of major choice

PERSONAL ISSUES

- Balancing school, work, and/or family
- Financial difficulties
- Illness, health problems
- Stress and/or anxiety
- Substance abuse
- Other: _____

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



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My ideas for improving my academic performance next semester, including changes I have already made:

WITH YOUR ADVISOR, WORK AND DEVELOP YOUR ACTION PLAN FOR SUCCESS. GOAL SETTING AND ACTION PLAN FOR SUCCESS

Please list at least three goals you have identified to help you succeed this semester.

GOAL 1: _____

Action Steps:

GOAL 2: _____

Action Steps:

GOAL 3: _____

Action Steps:

Cc: Academic File
Financial Aid Office
Academic Advisor