

**ACADEMIC SUSPENSION  
 REINSTATEMENT APPEAL**

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

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

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

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

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

Email Address: \_\_\_\_\_

**Last Term and Year in Attendance      Term:                      Year:**

**Term Seeking Reinstatement              Term:                      Year:**

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

- **I understand that I must appeal my academic suspension in order to be reinstated within one year of my suspension. I understand that this appeal for reinstatement is NOT automatic and that there is no guarantee I will be permitted to attend SIUE in the future. I understand that suspension from SIUE can last for an indefinite period of time.**
- **I understand that my appeal must be completed and received by the deadline specified for the term 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.**
- **I understand that if my appeal is denied, I will be eligible to apply for admission to SIUE no earlier than one year after my suspension.**

**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 you answered yes to the question above, where are you currently enrolled and what courses are you currently taking?

How many credit hours have you completed since your last suspension? \_\_\_\_\_

Please have any transcripts officially sent to SIUE for credit review. These can be sent electronically to: [etranscripts@siue.edu](mailto:etranscripts@siue.edu) or mailed to: **SIUE, Office of Admissions; PO Box 1047 Edwardsville, IL 62026**

**DIFFICULTIES EXPERIENCED and/or CONCERNS**

Academically under-prepared	Alcohol	Adult/Non-traditional student
Changing majors	Drugs	Documented learning disability
Family crisis	Failed to attend class	First generation college student
Homesickness	Non-native speaker	Over involvement in activities
Poor time management skills	Relationship problems	Roommate problems
Took too many credit hours	Transfer student	Victim of crime

## ACADEMIC SUSPENSION APPEAL 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 Appeals Committee.**

**1) Describe the extenuating circumstances which 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 term enrolled as well as previous terms in which your semester GPA was less than a 2.0.*

**2) Describe the steps you have 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) Describe your academic plan for future terms 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.*

**4) If there were extenuating circumstances that prevented you from achieving the necessary GPA for continued enrollment at SIUE, you must include a copy of any documentation that attests to these events.** Extenuating circumstances are defined as: extended illness or injury to the student; death, injury or extended illness to an immediate family member that resulted in greater responsibility for the student; or other mitigating circumstances.

### APPEAL DEADLINE

Fall Reinstatement: July 1

Spring Reinstatement: October 1

Summer Reinstatement: March 1

**You will be notified of the appeal decision within one month of the deadline.**

### SUBMIT YOUR APPEAL TO:

Appeals Committee

SIUE, Student Success Center, Room 1220

Box 1640

Edwardsville, IL 62026-1640

Phone: 618-650-3724 **OR** 618-650-3797

**My signature indicates an understanding of the appeals process above.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_