



Lansing Community College  
 1121 – Financial Aid  
 Room 203, Gannon Building  
 PO Box 40010  
 Lansing, MI 48901-7210  
 Phone: (517) 483-1200  
 Fax: (517) 483-1170

## Academic Appeal for Reinstatement

**Less than 2.0 GPA and/or  
 70% Completion Ratio  
 Appeal for Financial Aid**

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

Grade Point Average: \_\_\_\_\_

Student Number: \_\_\_\_\_

Completion Ratio: \_\_\_\_\_

Step 1 of 4 - Reason for Appeal		Step 2 of 4 - Documentation	Step 3 of 4 - Letter of Appeal
<input type="checkbox"/>	I experienced a significant mental or physical illness or injury that directly affected my ability to meet the academic standards.	<ul style="list-style-type: none"> <li>Evidence of illness or injury (e.g., doctor's statement, hospital bills, etc.) AND</li> <li>Evidence that the condition no longer exists or is being managed (e.g., doctor's statement, etc.)</li> </ul>	<p>Complete and submit this form to Enrollment Services <b>and attach</b>:</p> <ol style="list-style-type: none"> <li>the required documentation AND</li> <li>a legible letter of appeal that addresses all periods of enrollment in which you failed to maintain satisfactory academic progress and which explains all of the following:               <ol style="list-style-type: none"> <li>why you failed to meet the minimum academic standards, AND</li> <li>what unusual and/or mitigating circumstance(s) caused the failure, AND</li> <li>how the circumstance has improved (i.e., no longer exists or is being managed), AND</li> <li>your college and career goals.</li> </ol> </li> </ol> <p>(The location and mailing address for Enrollment Services are provided at the top of this form.)</p> <p><b>Incomplete requests for review will result in automatic denial.</b></p>
<input type="checkbox"/>	I experienced a significant personal tragedy or event in my life that directly affected my ability to meet the academic standards.	<ul style="list-style-type: none"> <li>Evidence such as an obituary, funeral notice, legal records, and/or police reports.</li> </ul>	
<input type="checkbox"/>	I have been out of school for an extended period of time and experienced difficulties previously that directly affected my ability to meet the academic standards. I can now demonstrate stability that will enable me to be successful as a student.	<ul style="list-style-type: none"> <li>Evidence such as proof of employment, academic transcripts, medical statements, legal documents, etc.</li> </ul>	
<input type="checkbox"/>	I have completed 100% of credits attempted in the 2 most recent semesters (minimum 6 credits) with at least a 2.0 in each class.	<ul style="list-style-type: none"> <li>Documentation of academic history (courses taken, record of grades).</li> </ul>	
<input type="checkbox"/>	This is my first time falling below Satisfactory Academic Progress (cumulative 2.0 and/or 70% completion ratio).	<ul style="list-style-type: none"> <li>Documentation of academic history (courses taken, record of grades).</li> </ul>	
<input type="checkbox"/>	Other unusual or mitigating circumstance(s) beyond my reasonable control.	<ul style="list-style-type: none"> <li>Evidence such as legal records, police reports, proof of incident, obituary notice, funeral notice, etc.</li> </ul>	

### Step 4 of 4 - Enrollment Intentions

(Complete the tables below indicating your enrollment intentions for the current and next semester at LCC)

Semester _____ 20____	
Course Code:	Credits
<i>Example: MATH112</i>	4

Semester _____ 20____	
Course Code:	Credits
<i>Example: MATH112</i>	4

**I understand that if I am granted an appeal for reinstatement financial aid, I must earn a minimum 2.0 in each course to retain eligibility.**

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only -

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APPEAL # (check one):     First     Second     Third     Fourth

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BREACH LAST APPEAL?    YES     NO

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RESULT of Appeal Review:     Appeal APPROVED     Appeal DENIED

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Appeal Reviewed by (print name): \_\_\_\_\_

COMMENTS (optional):

Reviewer's SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Appeal Reviewed by (print name): \_\_\_\_\_

COMMENTS (optional):

Reviewer's SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Appeal Reviewed by (print name): \_\_\_\_\_

COMMENTS (optional):

Reviewer's SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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