



**ACADEMIC APPEAL**

This form is to be completed by students who are appealing academic ineligibility. Such appeals are reviewed and acted upon by the LSUA Academic Appeals Committee.

_____			_____
Name			Student Number (PCID)
_____			_____
Street Address			Phone Number
_____			_____
City	State	Zip	Academic Department

Appeals of academic ineligibility to enroll are considered only in the event of extenuating circumstances. Listed below are examples of circumstances that may be considered extenuating. Please attach a personally signed statement outlining the events leading to the appeal and documents that provide supporting evidence.

**Check one:**

- Death in immediate family
- Accident that prevents the student from returning to school. *If personal injury, this may be completed by a parent or spouse.*
- Illness that prevent the student from returning to school
- Change in military assignment
- Employer changed work schedule; class schedule could not be rearranged to accommodate the students' needs
- Other: Please attached statement to form

_____	_____
Student's signature	Date

For Academic Appeals Committee Only

**Appeal Approved.** *Recommendations or conditions* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appeal Denied**

_____	_____
Committee Chairman's Signature	Date

Office of the Registrar use only:  
Distribution:

Original	Office of the Registrar
Letter	Student