



Lincoln University

LEARN. LIBERATE. LEAD.

Office of Financial Aid
1570 Baltimore Pike
Lincoln University, PA 19352-0999
800-561-2606 phone
484-365-8198 fax
financialaid@lincoln.edu

APPEAL OF SUSPENSION

Last Name	First Name	Initial	Student Id#
-----------	------------	---------	-------------

If you are not currently enrolled, you will need to complete a Re-Admit Application with the Office of the Registrar.

Student may appeal a suspension in writing using this form and answering the questions on this form. There are four possible outcomes for an appeal of an academic suspension:

1. Uphold the suspension (deny the appeal)
2. Remove the suspension if it had been incorrectly imposed,
3. Offer the student a *progress probation*, or
4. Under certain circumstances, grant a permanent exclusion of credits from attempted credits (see SAP Policies)

Major: _____	Your Current Address: _____
Faculty Advisor: _____	_____
Earned Credits: _____	_____, _____, _____

Cumulative GPA: _____ Phone: _____

Your answers to ALL of the following questions **must be typewritten** and attached to this form. Number your answers to match the numbers of the questions. Based on your explanation, you will need to supply any supporting documents (obituaries, medical documents, etc...).

1. Describe the reasons your academic performance has been unsatisfactory.
2. Have you been suspended from Lincoln University before this time? Explain when and the underlying reasons.
3. Describe how often you met with your Academic Advisor and how long the meetings would last.
4. Describe the recommendations that your Academic Advisor made to you.
5. Describe your use of the Reading, Writing, and Math Labs or other tutorial services.
6. Describe why you believe the suspension should be removed, if you believe it was imposed in error.
7. Write an explanation of why you believe that the suspension should be removed or modified.
8. Explain why your academic performance will be different in the future if you are allowed to continue your studies at Lincoln at this time.

I hereby certify that all the information provided to the Committee is correct. I am aware that any incorrect or withheld information can result in the denial of my appeal and the full enforcement of the suspension.

Signature: _____ Date: _____