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## **Undergraduate Academic Suspension Appeal**

This form is intended for students who have been academically suspended and wish to appeal their suspension. Appeals should be based on circumstances that were beyond the student's control, which are expected to improve moving forward.

Submission of an appeal does not guarantee approval. Only fully completed forms, accompanied by required and relevant documentation, will be reviewed by the Faculty Petitions Committee. Once a decision has been made, notification will be sent to your official Longwood email account. All committee decisions are final.

Name:		LUID:			
	Last	First			
1.	Indicate the year and term for which you are s	submitting the Academic Suspension Appeal:	FA	SP	
2.	Identify the extenuating circumstances that have affected your ability to uphold satisfactory academic performance:				
	Serious illness, metal health issue, or inju	ury to yourself or loved one			
	Death of a family member				
	Significant personal hardship that negative	vely impacted your emotional and/or physical health			
	Unforeseen and documented events outs	side of your control			
3.	Explanation of the extenuating circumstances	s that resulted in the academic suspension (attached addi	tional pages	if	

4. If applicable, provide supporting documentation from a qualified professional (e.g., physician, social worker, psychiatrist, law enforcement officer) that concisely outlines the situation and, where applicable, assesses your readiness to resume your studies. Ensure that your full name and, if available, your Longwood ID are included on all submitted documents.

5.		ow you must describe strategies that you intend to implement to ensure academic success.  Provide a detailed study plan addressing aspects such as time management, learning objectives, and stress management techniques (attached additional pages if needed)
	b.	Outline the academic support resources you will utilize. Examples include faculty office hours, tutoring, and advisor meetings, etc. (attached additional pages if needed)
	c.	If relevant, specify how non-academic obligations will be managed or minimized to support your educational goals (attached additional pages if needed).

I understand that the Faculty Petition Committee will not accept my Academic Suspension Appeal if it is incomplete or lacks documentation. I am, therefore, submitting my Academic Suspension Appeal with the appropriate documentation. By signing this form, I certify that the information contained in this appeal is truthful and accurate.					
Signature	Date				

6. A statement from your academic advisor or other supportive faculty member who can support your academic

statement of support.

improvement plan must be emailed to <a href="mailto:registrar@longwood.edu">registrar@longwood.edu</a>. The advisor or faculty member should provide their opinion of your ability and willingness to improve your academic performance. It is your responsibility to request this

Return this form and supporting documentation to <a href="mailto:registrar@longwood.edu">registrar@longwood.edu</a>