

**Student:** *You are responsible to give this form to your advisor or faculty.  
They will complete the form and return it directly to the Student Affairs Center.*



**ADVISOR/FACULTY RESPONSE  
TO SATISFACTORY ACADEMIC PROGRESS APPEAL**

Student Name: \_\_\_\_\_  
Student Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Note:** Please complete and return to the Student Affairs Center.

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

Your comments will assist the Appeal Committee in the processing of the above named student's appeal request.  
Appeal deadlines are 7 days before the start of the semester.

- 1) Were you previously aware of the circumstances leading to this student's suspension status?
- Yes
  - No

Comments: \_\_\_\_\_  
\_\_\_\_\_

- 2) Can you provide any information about the reasons for this student's poor performance?
- Did not attend class
  - Did not complete assignments/projects
  - I do not know what caused poor performance.

- 3) Do you support this student's appeal?
- I support this appeal.
  - I do not support this appeal.

Please provide comments as to why you support or do not support this student's appeal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for taking the time to complete this form!**

*Student Affairs Center, SCC, 1920 Lee Boulevard, North Mankato, MN 56003 Phone: 507.389.7220*