



Academic Appeals

STEP 1

Reason for Appeal: Take Course Elsewhere Additional Online Hours Other: _____
Course description must be attached *NOTE: This form is not to be used for grade appeals*

Name: _____ LCU Student ID: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Alternative Email (if no current LCU email address available): _____

Academic Year: _____ Academic Term: _____

COMPLETED FORMS AND DOCUMENTATION SHOULD BE DIRECTED TO THE OFFICE OF ACADEMIC AFFAIRS

In Person: VPAA OFFICE
Alexandria Hall
318.487.7601

Electronically:
AcademicAffairs@lcniversity.edu

STEP 2

PLEASE ATTACH A LETTER TO THIS FORM EXPLAINING THE FOLLOWING. This letter should contain at minimum the date, a salutation and proper formatting. **Attach any additional substantiating documentation to the letter as appropriate.**

1. Describe your situation/circumstances and how they affect you/the area in which you need to make an appeal. Be as specific as possible.
2. Explain the steps you will take to ensure your success in the areas for which you need to make an appeal.
3. Describe the action that you wish Louisiana Christian University to take regarding your appeal.

STEP 3

Visit the Office of the Registrar for the following: Copy of your unofficial transcript Copy of your curriculum sheet

Current GPA: _____ (Initials _____) Copy of your audit letter (if applicable)

STEP 4

I have discussed the attached information with the student referenced above and agree that an appeal is both necessary and appropriate to the circumstances of this student as outlined above. Further, I attest that I read the letter of appeal and reviewed the documentation attached and feel it is sufficient to explain the circumstances related to this appeal.

Advisor Signature _____ Date _____

NOTE: *If the advisor cannot be reached in his or her office for signature, an email from the advisor containing his or her acknowledgement and approval of your appeal may be attached to this form in lieu of the advisor's signature.*

STEP

I declare that the information on this form and all supporting documentation is true, correct, and complete to the best of my knowledge and belief.

Student Signature _____ Date _____

For Office Use Only

() APPROVED () APPROVED WITH CONDITIONS () Need Additional Information () DENIED

Comments: _____

Signature: _____ Date Student Notified _____ __Email
__Letter