



Appeal Process

THE UNIVERSITY OF ALABAMA

Appeal Process

Students seeking an exception to certain policies or procedures may submit a completed petition or request for consideration. Such petitions should be filed in the semester of occurrence, but typically be no later than one year following the occurrence. Documentation of extenuating circumstances must be submitted for review past the one year deadline.

Students will be notified of the decision via their LCC student email account within ten (10) working days of receipt of their request. Students have the right to file an appeal to the designated administrator. If a petition is denied, appeal decisions must be filed within ten (10) working days of the receipt of the decision.

In order for our process to be successful, we need your support. We need you to be involved in the process. If you do not, we cannot provide the best possible outcome for you.

For more information, please contact the Registrar's Office at (205) 942-1111.

Form with fields for Name, Address, Phone, Email, and Decision. Includes a section for 'Decision' with a dropdown menu.

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Section C

State your request and rationale clearly and concisely. Attach additional sheets necessary for essential documentation required for certain types of requests to provide evidence of extenuating circumstances, death, immediate family, educational, military, etc. **Applicant Statement**



necessitate a significant absence from classes, and/or or the inability to complete course work.

This form is to be completed by a physician or medical professional and **faxed directly** to 218-733-5945, Lake Superior College Student Services Center, Attn: Student Services. Hand-carried forms will not be accepted.

Student's Name: _____ Student's Date of Birth: _____

1. Dates of a medical condition/flare up or on-going medical condition that prevented the student from attending/participating in courses at LSC: From _____ to _____
Additional information:
2. The medical condition was severe enough to affect the student's attendance for a significant period of time and/or ability to be academically successful.
Yes or No (please circle one)
3. The condition is now controlled enough for the student to succeed in classes.
Yes or No (please circle one)
4. Additional information regarding the medical condition/flare up:

Medical Professional's Printed Name: _____

Name of Medical Center or Practice: _____ Phone Number: _____

Medical Professional's Signature: _____ Date: _____