

Academic Suspension Notification

Date: [Insert Date]

Student Name: [Insert Student Name]

Student ID: [Insert Student ID]

Address: [Insert Address]

Dear [Insert Student Name],

We regret to inform you that due to excessive attendance issues, you are being placed on academic suspension for the upcoming semester. This decision is in accordance with our institution's attendance policy.

Your attendance record indicates that you have missed [Insert Number] classes during the current term, which significantly impacts your academic performance and violates our attendance requirements.

Please note that academic suspension means you will not be allowed to enroll in classes for [Insert Duration, e.g., one semester] and may affect your financial aid status.

If you believe there are extenuating circumstances that contributed to your absences, you may appeal this decision by [Insert Appeal Process, e.g., contacting the Academic Affairs Office] by [Insert Deadline].

We encourage you to take this opportunity to reflect and develop a plan for your future academic endeavors. For additional support, please reach out to the counseling services available on campus.

Sincerely,

[Insert Your Name]

[Insert Your Position]

[Insert Institution Name]

[Insert Contact Information]