



Student's Full Name: _____ ID #: _____

Phone # (cell if available): _____ Email: _____

Address: _____

Major: _____ Anticipated Graduation Date: _____

Academic Advisor's Name: _____

Select the term that you are requesting reinstatement of your financial aid:

Fall

Spring

Summer (May, Sum 1 & Sum 2)

The following documents must be submitted with this appeal form:

- A typed statement detailing the *extenuating* circumstances surrounding your academic difficulty and how you plan to improve your academic status; and
- A typed statement from a person who is aware of your situation. The statement may be from a parent, advisor, family member, professional counselor, social worker, friend, minister, etc. Copies of appropriate medical documentation are also recommended, if applicable.

ALSO, if you have attempted **more than 60 credit hours** (including all applicable transfer work), you must submit:

- An academic plan signed by your advisor that outlines courses remaining for graduation requirement purposes, as well as your anticipated graduation date.

Please check all that pertain to your reason for appeal:

<input type="checkbox"/> Failed to meet 2.0 per course <input type="checkbox"/> Less than 75% completed hours <input type="checkbox"/> Failed to meet with advisor	<input type="checkbox"/> Below GPA requirement <input type="checkbox"/> Excessive withdrawals <input type="checkbox"/> Withdrew from University	<input type="checkbox"/> Failed to meet graduation reqs <input type="checkbox"/> Have attempted over 165 hours <input type="checkbox"/> Pursuing second-degree / certif.
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I certify that the information provided within this appeal is true and complete to the best of my knowledge. I understand that withholding requested or falsifying submitted information may result in the denial of my appeal. I understand that if my appeal is denied, I am responsible for the full cost of my tuition, fees, books, or other debts owed to the University. I also understand that it is my responsibility to ensure that my appeal is complete and includes all supporting documentation to accurately evaluate my eligibility for Federal financial aid given extenuating circumstances. I understand that the decision of the Satisfactory Academic Appeals Committee is subject to Federal and institutional policies and is final.

Signature _____ *Date* _____

To ensure that your eligibility for Federal financial aid is determined prior to the start of the semester, please submit your completed appeal by the dates below:

<u>Fall semester</u>	<u>Spring semester</u>	<u>Summer semesters</u>
July 10, 2009	December 11, 2009	May 28, 2010 (Excludes Maymester)

*****If deadline is not met, please expect to make payment arrangements.*****

*****All appeals submitted by Friday at 5:00 pm will receive priority review during the following week's committee meeting. Appeals may take up to two weeks for processing during peak periods.*****

For office use only:

Student's letter

Letter from other

If required, letter and academic plan signed by advisor