

**FINANCIAL AID SUSPENSION APPEAL FORM**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Students who have been placed on Financial Aid Suspension have a right to appeal that decision to the Financial Aid Director. Such appeals must be submitted in writing and must be supported by any available documentation. The Financial Aid Office reserves the right to determine what is acceptable and sufficient documentation. Any appeal of a Financial Aid Suspension must be based on one or more of the following: (1) serious illness or accident involving the student; (2) death, serious illness, or accident in the student's immediate family; (3) other unusual, extenuating circumstances that prevented the student from maintaining satisfactory academic progress. Any appeal should address all terms of enrollment in which grades and completion rate were below standard, not just the most recent term. You may appeal your Suspension by stating your reasons below. Attach any supporting documents, sign and return this form to the Financial Aid Office. The Financial Aid Office will inform you of the results of your appeal.

I would like to appeal my Financial Aid Suspension for the reasons stated below:

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\_\_\_\_\_  
Student's Signature Date

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Financial Aid Director