ACADEMIC AND FINANCIAL AID SUSPENSION APPEAL

This appeal is for students who have been suspended academically or from financial aid eligibility. To appeal the suspension, complete this form in its entirety (includes back page), and submit it to the Office of the Provost.

Name __________________________ SID#________________________
Address ____________________________________________________________________________
Phone/Cell Phone __________________________ E-mail __________________________

1. Please explain why you were unable to meet academic standards:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. When do you plan to graduate? ____________________________________________________

3. What are your academic and/or professional plans after graduation? _____________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. Please provide the following information for the last semester you attended:

   Semester GPA: _________ How many credits have you registered for or are you planning to register for next semester?
   Cumulative GPA: _________
   Credits Attempted: _________
   Credits Earned: _________
5. Is there additional information you feel would help support your appeal?

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

I certify that the information on this page is true and correct to the best of my knowledge. I understand that this appeal form is not a guarantee of academic or financial aid reinstatement, but allows my circumstance to be reviewed.

__________________________________________
Student Signature

__________________________________________
Date

Your appeal will be reviewed within two weeks, or before the start of classes, whichever may come first. If you have questions or concerns regarding this appeal, please contact the Provost’s Office or the Financial Aid Services Office.

FOR OFFICE USE ONLY

Term Placed on Suspension: ____________________

Cum GPA __________

Total Credits Attempted __________ Not Approved ______

Total Credits Earned __________ Approved ______

Conditions: ________________________________________________________________

___________________________________________________________________________

Reviewed By: _____________________________ Date: ___________________________