

## SUSPENSION APPEAL FORM

Please print clearly

T Number \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Students may use this form to request a re-evaluation of their termination of financial aid. Students must return this appeal form and other required documentation to the Financial Aid and Scholarship Office by the Appeal Deadlines. You will be notified, in writing, after the Appeals Committee reviews your appeal.

### Appeal Deadlines

	2010-2011 Award Year		
	Fall 2010	Spring 2011	Summer 2011
Priority Deadline for Submission	7/2/2010	12/3/2010	4/22/2011
Last Day to Submit Appeal	9/30/2010	3/1/2011	6/1/2011

Appeals submitted before the priority deadline will be reviewed prior to payment deadline to allow students to make payment arrangements if not approved. Appeals submitted after the last day to submit an Appeal will be reviewed for future terms.

### GPA and/or Percentage Completion Requirement:

You may request a re-evaluation of Financial Aid Suspension based on the following circumstances:

**Extenuating Medical Circumstances**

Extenuating medical circumstances that prevented the student's ability to meet the GPA or enrollment requirement of Satisfactory Academic Progress or prevented the student from attending classes to make up the deficiency.

- Attach a detailed letter of explanation.
- Attach a signed letter from a healthcare professional to support your letter.

**Extenuating Personal Circumstances**

Extenuating personal circumstances may include personal crisis issues, family crisis situations or the death of a relative or close friend.

- Attach a detailed letter of explanation and supporting documentation.

### STUDENT CERTIFICATION STATEMENT – GPA AND PERCENTAGE HOURS EARNED

- I have attached a letter of explanation that addresses the circumstances that prevented me from maintaining Satisfactory Academic Progress.
- My letter explains what will be different about the upcoming semester(s) and how I will be able to meet the standards of Satisfactory Academic Progress.
- During peak seasons, there may be a four week processing time for the request.
- I understand that I will be notified by mail of the final decision.

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

**Please see back page for Maximum Attempted Hours Requirement Section**

Please print clearly

T Number

Student's Last Name

Student's First Name

**Maximum Attempted Hours Requirement:**

Use this section to request a re-evaluation of your suspension of financial aid based on any of the following:

- I am a graduate student in the \_\_\_\_\_ program and my course of study has been prolonged.**
  - Attach a detailed letter of explanation.
  - Academic Advisor Statement must be completed.
- I am an undergraduate student and have changed majors from \_\_\_\_\_ to \_\_\_\_\_.**
  - Attach a detailed letter of explanation.
  - Academic Advisor Statement must be completed.
- I am an undergraduate student and some of my transfer credit hours do not count toward my degree.**
  - Attach a detailed letter of explanation.
  - Academic Advisor Statement must be completed.
- Other academic/personal situation(s).**
  - Attach a letter of explanation.
  - Academic Advisor Statement must be completed.

**STUDENT CERTIFICATION STATEMENT – MAXIMUM ATTEMPTED HOURS**

- I have attached a letter of explanation that addresses the circumstances that prevented me from maintaining Satisfactory Academic Progress.
- My letter explains what will be different about the upcoming semester(s) and how I will be able to meet the standards of Satisfactory Academic Progress.
- During peak seasons, there may be a four week processing time for the request.
- I understand that I will be notified by mail of the final decision.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACADEMIC ADVISOR STATEMENT**

Please specify the number of credit hours required and the total credit hours needed to complete degree.

1. The required number of hours for the above named student's field of study is \_\_\_\_\_.
2. This student needs \_\_\_\_\_ remaining credit hours in order to complete his or her degree from SUU.

List additional comments regarding the student's academic progress here. Attach additional page if necessary.

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Academic Advisor Signature

Date

Print Name Advisor

Phone Number and/or Email