

2018-19 SUSPENSION APPEAL

T Number _____

Student's Last Name _____

Student's First Name _____

Phone Number: _____ Email: _____

Students may use this form to request a review 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

2018-2019 Award Year			
	Fall 2018	Spring 2019	Summer 2019
Last Day to Submit Appeal	9/29/18	2/05/19	6/11/19

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 review of Financial Aid Suspension based on the following circumstances. Some situations may require that you submit additional information. We will notify you if additional information is needed.

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.
- Attach a signed Academic Success Plan.

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.
- Attach a signed Academic Success Plan.

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: _____

2017–18 SUSPENSION APPEAL

T Number

Student's Last Name

Student's First Name

Maximum Attempted Hours Requirement:

Use this section to request a review of your suspension of financial aid based on any of the following. Some situations may require that you submit additional information. We will notify you if additional information is needed.

- I am a graduate student in the _____ program and my course of study has been prolonged.**
 - Attach a detailed letter of explanation.
 - Attach a signed Academic Success Plan.

- I am an undergraduate student and have changed majors from _____ to _____.**
 - Attach a detailed letter of explanation.
 - Attach a signed Academic Success Plan.

- I am an undergraduate student and some of my transfer credit hours do not count toward my degree.**
 - Attach a detailed letter of explanation.
 - Attach a signed Academic Success Plan.

- Other academic/personal situation(s).**
 - Attach a letter of explanation.
 - Attach a signed Academic Success Plan.

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:** _____

*Return to the SUU Financial Aid and Scholarship Office
351 W University Blvd, Cedar City UT 84720 ♦ (435) 586-7735 (phone) ♦ (435) 586-7736 (fax)*