To appeal a termination of financial aid, a student must submit proof of extenuating circumstances, beyond the student’s control, that interfered with the successful completion of studies. Please note the following examples of extenuating circumstances and the appeal process.

**EXAMPLES:**

- Employment is not an acceptable reason. However, a sudden change in schedule or work hours documented by a supervisor would be acceptable.

- Pregnancy is not an acceptable reason. However, a pregnancy with complications documented by a physician would be acceptable.

- Documented death of an immediate family member (mother, father, brother, sister, grandparent, aunt or uncle) would be an acceptable reason.

**PROCESS:**

- Type or clearly print a one-page letter explaining why you are not meeting academic standards. Please use the reverse side of this form following the format below.

- The main body of the letter should contain the reason(s) as to why you are not meeting the standards. Please include relevant dates, names and relationships if applicable.

- Submit documentation of the reason(s), e.g., a doctor’s statement for medical reasons if applicable.

- Complete the appropriate information on the appeal form on the reverse side. Be sure to include your student number, name, signature, date, telephone numbers and full address including zip code.

- Submit an online request for a financial aid course audit verification.

**Appeals will not be accepted without the required documentation.**

**No federal or state aid will be granted until appeal decisions are finalized.**

**Decisions are based on individual extenuating circumstances, documentation provided and the student’s entire academic record/prior academic progress. Students will be notified in writing of the decision. Generally, students are notified within two weeks of the receipt of all required documentation.**

**All appeal decisions are final.**

(see reverse side)
Semester:  □ Fall  □ Spring  □ Summer

Please note the REASONS/EXTENUATING CIRCUMSTANCES that interfered with your ability to successfully meet the Financial Aid standards of progress. You MUST include appropriate documentation to support your request:
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
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______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

_______________________________________________________
Student Signature

_______________________________________________________
Date

Print Street Address

Home Telephone Number

City, State and Zip Code

Work Telephone Number

— OFFICE USE ONLY —

Date Rec’d. ______________  By __________

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