



FINANCIAL AID SUSPENSION APPEAL

Complete and return to:

Down Town Financial Aid Office, Room M208
South Campus Financial Aid Office, Bldg. A-100

Last Name, First, MI

Previous Name (if applicable)

Address

City

Zip Code

Phone Number

Social Security Number

Student ID Number

I am appealing my financial aid suspension due to:

- Death in the immediate family
Hospitalization or illness which required doctor's care
Separation, divorce or custody issues
Disasters (car accident, fire, etc.)
Other extenuating circumstance (please specify):

To be completed by your Career Training Instructor (please check the line that applies):

- I agree that the student had mitigating circumstances.
I disagree or was not aware that the student had mitigating circumstances.

Instructor Signature: Date:

I understand that documentation must be provided to verify the unusual circumstances I am citing for my appeal.

I understand that all appeals must be in writing and must address the following:

- The reason I failed to complete the required credits\GPA. Please provide a detailed explanation.
How my circumstances have changed since the quarter I was suspended.
What steps I will take to ensure a successful quarter
What steps I will take to successfully complete my program of study

I understand that if I owe a repayment of financial aid, I will remain on suspension until it is paid in full.

By my signature, I certify that I understand the appeal process and that everything submitted is accurate and complete. I understand that if my appeal is granted I will be put on extended probation and that I must meet the conditions placed on me at that time.

Signature: Date:

Please allow two to four weeks for your suspension appeal to be reviewed. You will be notified of a decision by mail.

Decisions of the Appeal Committee are final.