



**APPEAL/PETITION FOR REINSTATEMENT OF FINANCIAL AID**

Federal regulations state that a student who has experienced undue hardship due to (a) the death of a family member, (b) the personal injury or serious illness of a student, or (c) special circumstances as determined by the institution; may be considered for a reinstatement of aid.

**PART 1 – TO BE COMPLETED BY STUDENT**

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Star ID/Student ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I am appealing: \_\_\_\_\_ Financial Aid Reinstatement \_\_\_\_\_ 2<sup>nd</sup> Level Financial Aid \_\_\_\_\_ 150%

I request the reinstatement of financial aid beginning: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Use reverse side or attach a separate sheet to explain your situation.

- **WHAT CAUSED YOU TO BE UNSUCCESSFUL IN YOUR CLASSES? INDICATE UNUSUAL CIRCUMSTANCE/S; MUST INCLUDE DOCUMENTATION (Example: obituary, doctor’s note, etc.)**
- **WHAT WILL YOU DO TO MAKE YOURSELF SUCCESSFUL? WHAT HAS CHANGED? YOU MAY NEED AN ACADEMIC IMPROVEMENT PLAN SIGNED BY ADVISOR.**

The information provided herein is true and correct.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II – TO BE COMPLETED BY THE OFFICE OF FINANCIAL AID**

[  ] **Approved for trial period:** Term \_\_\_\_\_

**Conditions of your trial period:**

\_\_\_\_\_ You must successfully meet cumulative standards at the end of the term (67% cumulative completion and 2.0 cumulative GPA) complete 67% of all credits attempted and meet the satisfactory academic progress GPA standard for financial aid upon completion of the term.

\_\_\_\_\_ You must pass \_\_\_\_\_ of your attempted credits with a minimum \_\_\_\_\_ GPA until the minimum requirements of the financial aid satisfactory academic progress policy are reached.\* See Academic Improvement Plan for details.

\_\_\_\_\_ Other conditions: \_\_\_\_\_

[  ] **Disapproved:**

\_\_\_\_\_ Extenuating circumstance did not rise to the level needed to support an approval of your suspension appeal.

\_\_\_\_\_ Documentation of extenuating circumstance was not provided or was insufficient.

\_\_\_\_\_ Your past academic history and plan for success does not support an approval of your suspension appeal.

\_\_\_\_\_ Conditions of a previously approved appeal were not met.

\_\_\_\_\_ Other: \_\_\_\_\_

FINANCIAL AID DIRECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VICE PRESIDENT/DEAN OF STUDENT SERVICES SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(2<sup>nd</sup> level appeals)

**\*NOTE:** A “W” on your transcript is considered an attempted but not completed course. Therefore, you must not receive a “W” in a term you are required to complete \_\_\_\_\_ of attempted credits.