

Financial Aid Suspension Appeal



Name _____ Student ID _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Semester for which you are appealing financial aid reinstatement: Fall Spring Summer _____ Year

A **completion percentage suspension** appeal must include:

1. This completed Financial Aid Suspension Appeal form.
2. A **signed** statement (typed or written on a separate page) addressing the following:
 - a. The reasons why you failed to meet Satisfactory Academic Progress standards. Address any extenuating circumstances that should be considered and include documentation of the extenuating circumstance.
 - b. Explain how and what you plan to change in the upcoming term to ensure your academic success.

A **maximum credit suspension** appeal must include:

1. This completed Financial Aid Suspension Appeal form.
2. A **signed** statement (typed or written on a separate page) explaining why you have not completed your program within the allowable timeframe.
3. A semester-by-semester academic plan signed by you and your academic advisor. Include the term and year of expected graduation.

Each appeal is reviewed individually. You will be notified in writing if additional information is needed. The Office of Scholarship and Financial Aid will inform the student in writing of its decision, provided adequate documentation was submitted.

For Office Use Only

67% suspension: Approved for fall only spring only summer only cleared all year Denied

Max credit suspension: Approved through _____ Additional credits _____ Total credits _____ Denied

Additional information requested (date) _____

Comments _____

Reviewed by _____ Date _____ Coded by _____ Date _____

RETURN THIS FORM AND OTHER REQUIRED DOCUMENTS TO:

Minnesota State University Moorhead • Office of Scholarship and Financial Aid • MSUM Box 90 • 1104 7th Avenue South • Moorhead, MN 56563
218.477.2251 • Fax: 218.477.2058 • E-mail: fnaid@mnstate.edu