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: finaid@mnstate.edu

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