

## Financial Aid Suspension Appeal Form

Student Name \_\_\_\_\_ N \_\_\_\_\_ ( ) \_\_\_\_\_  
Student ID # \_\_\_\_\_ Phone Number \_\_\_\_\_

NSU Email Address \_\_\_\_\_ Personal Email Address \_\_\_\_\_

### PREPARING YOUR APPEAL

You have the opportunity to appeal your financial aid suspension if you feel there were extenuating circumstances in your life that hindered your collegiate academic performance. Some examples of extenuating circumstances are listed below along with examples of documentation that can be accepted. **Failure to provide acceptable documentation for your appeal will result in an automatic denial.** Your Appeal Request will be reviewed by a committee who will make a decision concerning the reinstatement of your financial aid eligibility.

\*The following are examples and other documentation may be needed based on your personal circumstance.

Please provide anything additional that you feel will help your appeal.

Examples of Extenuating Circumstances	Examples of Supporting Documentation
The student's own mental or physical illness, injury or disability	Provide documentation from a medical provider and a personal statement
Death of a family member or significant person in the student's life	Provide a copy of an obituary or death certificate and a personal statement
Illness, accident, or injury of a significant person in the student's life	Provide documentation (e.g., a physician's statement, police report, or documentation from a third-party professional, such as a hospital billing statement), related to the individual for whom the student provided care or support and a personal statement
Natural disaster	Provide a detailed written statement and proof (e.g., insurance documentation or newspaper article)
COVID-19 Disruption	Provide a detailed statement explaining how you have been impacted by the coronavirus and/or disruption of campus closing due to the virus and any available documentation.

**Check One** – The reason I am on Financial Aid Suspension is:

☐ GPA ☐ Completion Rate ☐ Max Time Frame

Fill in the following information: My GPA is: \_\_\_\_\_

My hours earned/hours attempted: \_\_\_\_\_ / \_\_\_\_\_ = a completion rate % of \_\_\_\_\_.

I need \_\_\_\_\_ hours, which equates to \_\_\_\_\_ semesters to complete my degree.

### Student Financial Services

## Financial Aid Suspension Appeal Form

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Please fill in the next four semesters of your expected attendance plan:

Term:		Term:		Term:		Term:	
Courses	Hours	Courses	Hours	Courses	Hours	Courses	Hours
Total Hours:		Total Hours:		Total Hours:		Total Hours:	

SUBMIT THIS COMPLETED TWO PAGE FORM ALONG WITH YOUR SUPPORTING DOCUMENTS

### STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_, have attached the following items to my appeal:

Both pages of the Appeal Form

Detailed Explanation of Extenuating Circumstances

Supporting Documentation

My Academic Success Plan (include a written plan for success and a copy of your Degree Works Audit)

Letter from Academic Advisor (see note below)

**\*Note\*** If you are on suspension for exceeding the maximum time frame to complete your degree, you must also turn in a signed letter from your advisor stating what courses are still needed to meet graduation requirements for your area of study and provide information regarding how many times your major was changed, if any.

I, \_\_\_\_\_, understand that failure to provide the required documents will result in an automatic denial of my appeal. I understand I will be informed in writing of the approval or denial of my appeal. If approved, I understand I will be advised in writing or by email of the requirements I must meet to get back in good standing in regards to the SAP policy requirements. **I understand that the decision of the NSU Financial Aid Committee is final and cannot be appealed.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_