



northern *State* university

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Name: _____ Student ID or SSN _____

Mailing Address: _____
Street address City State Zip

E-mail Address: _____ Phone Number: _____

Major(s): _____ Expected Graduation Date: _____

Academic term for which this appeal is requested: _____

Reason for loss of financial aid eligibility: (check all that apply)

- Deficient grade point average (If you've been academically suspended, you must be reinstated academically *before* asking for financial aid reinstatement.)
- Completion rate is below the 67% minimum requirement.
- Exceeded the maximum number of hours allowed for declared program.
- Did not meet the terms of a previous appeal.
- Other _____

INSTRUCTIONS: Attach a TYPED letter that addresses the items listed below:

- Explain clearly and in detail the circumstances that prevented you from making satisfactory progress. Your appeal must be based on extenuating circumstances that were beyond your control. Lack of awareness of withdrawal policies, requirements for satisfactory academic progress, or unpreparedness for college coursework will not be accepted as reasons for the purpose of an appeal.
- Specifically outline your plan to improve your academic progress and explain what has changed that will allow you to meet the requirements in the future. BE SPECIFIC, such as seeking tutoring, working less hours, taking fewer credits, personal/health problems have been resolved and how, etc. A specific plan of action is required and you must adhere to that plan.
- Include any 3rd party documentation to verify and/or add strength to your appeal (a letter from your advisor, faculty, doctor, clergy, counselor, social worker, employer, medical bills, etc).
- If you are appealing due to exceeding the 150% maximum attempted credit hour limit, you must include a program evaluation from WebAdvisor, the Registrar's Office, or the Graduate Office. Specifically address what courses you have remaining and when you plan to complete your degree. Only remaining courses required for degree completion will be allowed.

I certify that the information provided on this form and with this appeal request is accurate to the best of my knowledge. I further understand the decision of the Appeals Committee is final and that I will be notified in writing as to whether my appeal was granted or denied.

Signature

Date

Return to: Northern State University * Financial Aid Office * 1200 S. Jay St. * Aberdeen, SD 57401
Phone: 1-800-678-5330 * Fax: 1-605-626-2587 * Email: finaid@northern.edu