

Rogers State University

Financial Aid Suspension Appeal Request Form

Name _____ Student ID _____

Home/Parent Phone _____ Cell _____ Email _____

Street _____ City/State _____ Zip _____

My major is _____

I understand that I was placed on Financial Aid Suspension due to (refer to Suspension Letter):

____ GPA less than 1.7 – 30 or less attempted hours

____ GPA less than 2.0 – 31 or more attempted hours

____ Completion Rate below 70% (hours earned ÷ hours attempted)

____ Exceeded allowable hours for my degree – 98 for associate, 189 for bachelor

____ Did not meet the requirements of my Academic Plan

Indicate the extenuating circumstances that have contributed to your inability to maintain SAP (Satisfactory Academic Progress) by checking any category that applies to you. On Page 2, please explain in detail the nature and dates of the extenuating circumstances AND a plan of action to ensure future academic success.

____ **Serious illness or injury** to student or immediate family member (parent, spouse, sibling, child) that required extended recovery time. Attach a statement from the physician and explain the nature and dates of the illness or injury.

____ **Death of an immediate family member.** Attach a photocopy of the death certificate and include the name of the deceased and relationship to you.

____ **Significant trauma** in student's life that impaired the student's emotional and/or physical health.

Provide a detailed explanation regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third-party (physician, social worker, psychiatrist, police, etc.) also must be attached.

____ **Other unexpected documented circumstances** beyond the control of the student. Attach any supporting documentation.

I certify that all information and documentation I have submitted pertaining to this appeal is true. I understand that the decision of the Financial Aid Appeals Committee is final.

Signature

Date

Appeal Decision

We will review your appeal and notify you by telephone, email and/or in writing of its status.

Office Use only: Date: _____

____ Appeal Granted

____ Appeal Denied

Signature _____

Notes _____
