



Rogers State University

21-22 Financial Aid Suspension Appeal Request Form

Name _____ Student ID _____

Cell phone _____ Email _____

Degree seeking status: Associate _____ Bachelor _____

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

- GPA less than 1.7 – 23 or less attempted hours
- GPA less than 1.85 - 24-54 attempted hours
- GPA less than 2.0 – 55 or more attempted hours
- Completion Rate below 67% (hours earned ÷ hours attempted)
- Exceeded allowable hours for my degree – 98 for associate, 186 for bachelor
- Official (all W's) or Unofficial (all F's and or W's) withdrawal from all classes the previous semester.
- 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 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 or memorial service program and include the relationship of the deceased to you.

Special Circumstances or a Life Event that impaired the student's emotional and/or physical health.

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, instructor, advisor, etc.) also must be attached.**

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.

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

Signature _____ Date _____

Academic Plan Acknowledgement

I understand if my suspension appeal is granted and I am placed on an Academic Plan because my SAP is below the required minimum standard I must complete 100% of my future courses with a 2.0 or better GPA per semester as required by my Academic Plan.

Signature _____ Date _____

