

# 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 GPA or 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.
3. A semester-by-semester academic plan signed by you and your academic advisor, including the term and year of expected graduation.

## 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, including the term and year of expected graduation.

You will be notified in writing if additional information is needed. The Office of Scholarship and Financial Aid will inform you in writing of its decision, provided adequate documentation was submitted. The Financial Aid Satisfactory Academic Progress Policy Standards is available at [mnstate.edu/financialaid](http://mnstate.edu/financialaid). Select "Forms" and "Satisfactory Academic Progress Standards."

### For Office Use Only

66.667% and/or GPA 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](mailto:finaid@mnstate.edu)