Appeal of Financial Aid Termination

NAME _____ _____ _____ (_____)_____
First Last ID Phone

ADDRESS _____ _____
Street City, ST ZIP NCU Box

MAJOR _____ ADVISOR _____

BASIS FOR APPEAL: Please provide any information supporting your appeal. Be specific in explaining why the minimum GPA was not met, why the required percentage of credits were not completed, or why you are over the maximum number of credits attempted. Please be concise and clear. Attach documentation of unusual circumstances to support your appeal such as hospital bills, doctor's statements, death certificates, etc., if requested. Use additional sheets if needed.

REMEDIAL/DEVELOPMENTAL COURSE WORK COMPLETED OR SKILLS LEARNED: Please describe any efforts made this past year to improve learning or academic deficiencies.

SIGNATURE _____ _____
Date

Please return this petition to the Financial Aid Office within 30 days.

FOR OFFICE USE ONLY

Committee: Approved Denied
Initials: _____ Date: _____