

Appeal of Financial Aid Termination

Financial Aid Office
P: 800.289.6222 / 612.343.4485
F: 612.343.8067
finaid@northcentral.edu

Student's Last Name	Student's First Name	Student's M.I.	Student's NCU ID Number
Student's Street Addres	s (include apt. no.)		NCU Box
City	State	Zip Code	Student's Phone Number (include area code
Major			Advisor
met, why the required perc Please be clear and concis	entage of credits were not c	ompleted, or why you are unusual circumstances to	ecific in explaining why the minimum GPA was not over the maximum number of credits attempted. support your appeal such as hospital bills, doctor's
			EARNED: Please describe any efforts made this parain good academic standards and progress if your
Student's Signature			Date
			FOR OFFICE USE ONLY
	se return this appeal to e Financial Aid Office within 30 days.	Comr	nittee: Approved Denied

Initials: _

Date: _