Name:_____

SS# _____

FINANCIAL AID SUSPENSION APPEAL FORM

Students have the right to request an appointment to review the decision of the Financial Aid Office concerning their Financial Aid Suspension status.

In order to appeal, please answer the following (you may attach an additional sheet of paper if necessary.)

1. Indicate the reason(s) why you did not achieve the required credit completion percentage and why you feel your aid should not be terminated;
2. If an incomplete ("I" grade) has placed you on suspension, bring a copy of the written agreement form with your instructor's signature to your appointment with the financial aid office;
3. Attach any additional documents that verify your statements such as medical or legal documentation;
4. Sign this form indicating that all information is accurate**.** It is a violation of the Student Code of Rights and Responsibilities to provide false information on this form. **Students who provide false information may have their aid eligibility terminated for a minimum of one year and/or be referred to the US Department of Education of the Inspector General for determination of fraud.**

I certify that the above statements are true and accurate.

_____ _____

Signature of Student Date