

## Appeal of Suspension of Financial Aid

Complete and return to Student Services with attached documentation.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

The U.S. Department of Education regulations (34 CRF 668.34) state that you must meet one of the following criteria to appeal your suspension from financial aid:

1. Death of a relative of the student
2. Injury or illness of the student
3. Other circumstances that result in undue hardship to the student Documentation

must be provided to substantiate one of the above criteria.

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### **Suspension Information (Refer to your suspension notice from the Financial Aid Office.)**

Please check the academic progress standard(s) you did not meet that caused the suspension:

- Complete withdrawal or all W/F grades after receipt of financial aid.
- Failure to complete 67 percent of cumulative courses attempted.
- Failure to achieve a cumulative 2.0 GPA.
- Exceeded 150 percent of the number of credits required to earn a degree.

### **Reason for Appeal (Attach additional sheets as needed)**

**Please attach a separate document (one page typed minimum) outlining the extenuating circumstances (see examples of acceptable documentation on the reverse of this form) that you feel contributed to your inability to meet the required academic standards and what has changed that will allow you to be successful in the future. Address all prior semesters during which you did not meet the standards, how these circumstances impacted your academic performance as well as any steps you have taken to remedy the problem.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**Attach all supporting documentation to support any claim of extenuating circumstances. APPEAL  
WILL NOT BE PROCESSED WITHOUT THE REQUESTED DOCUMENTATION.**

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**SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION**

<b>Circumstance</b>		<b>Documentation (please provide one of the following)</b>
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> <li>Letter from employer including effective date(s) and whether the increase in hours was mandatory</li> </ul>
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> <li>Letter from employer</li> <li>Separation letter</li> <li>Unemployment documentation</li> </ul>
Medical Condition	Serious illness or change in health status	<ul style="list-style-type: none"> <li>Letter stating doctor advised period of home rest</li> <li>Record of doctor visits</li> </ul>
	Surgery/Hospitalization	<ul style="list-style-type: none"> <li>Letter stating doctor advised period of recovery</li> <li>Record of doctor visits</li> <li>Hospitalization records</li> <li>Copies of medical bills documenting illness/injury</li> </ul>
	Mental Health Issue	<ul style="list-style-type: none"> <li>Letter from doctor, therapist or counselor</li> </ul>
	Dental Emergency	<ul style="list-style-type: none"> <li>Record of dental visits</li> <li>Letter from dentist</li> <li>Letter stating dentist advised period of recovery</li> </ul>
Student's Children	Child's Medical Condition	<ul style="list-style-type: none"> <li>Records from daycare/school that child was required to be kept home (include in appeal the reasons that alternative care was not available and what the plan is if this should occur in the future)</li> <li>Records from doctor visits</li> <li>Letter stating doctor advised period of recovery</li> <li>Hospitalization records</li> </ul>
	Daycare Issue	<ul style="list-style-type: none"> <li>Letter from former daycare provider</li> <li>Letter from new daycare provider</li> </ul>
Additional Circumstances	Death of a Loved One	<ul style="list-style-type: none"> <li>Obituary</li> <li>Funeral program</li> <li>Death certificate</li> <li>Letter from counselor</li> </ul> <p>Documentation should include date and indicate relationship to the deceased.</p>
	Eviction	<ul style="list-style-type: none"> <li>Eviction notice</li> <li>Letter from transitional housing program</li> </ul>
	Assault/Domestic Abuse	<ul style="list-style-type: none"> <li>Police report</li> <li>Court documentation</li> <li>Letter from clergy, social worker, counselor, doctor</li> </ul>
	Other (Three (3) calendar years of absence from the end of the last semester of attendance.)	<p>Please provide all of the following:</p> <ul style="list-style-type: none"> <li>Meet with college counselor and complete recommendation form.</li> <li>Sign up for SALT at <a href="http://saltmoney.org/moraineparktech">saltmoney.org/moraineparktech</a></li> <li>Complete SALT Course of your choice (include completion certificate with your appeal).</li> <li>Letter outlining reason for appeal.</li> </ul>

**Please provide any additional documentation that supports your appeal.**

**Note:** Letters from medical professionals should also state whether the problem has been resolved and give a professional opinion regarding student's ability to return to school.