

2009-10 Academic Progress Appeal Form

Student's Name: _____ SRU ID# _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Have you had a prior appeal? Yes No If yes, when? _____

When do you request your aid reinstatement to be effective?

Fall/Spring 2009-10 _____ Fall 2009 _____ Spring 2010 _____ Summer 2010 _____

Current grade level _____ Expected date of graduation _____

The Federal Government requires that students who receive financial aid make satisfactory academic progress towards their degree. After Spring grades were posted, a review occurred indicating you did not meet one or more of the standards of academic progress and are not eligible for financial aid. You may appeal your current status and have your financial aid eligibility reconsidered by following the steps below:

If you wish to appeal your current status and have your financial aid eligibility reconsidered, you should do the following:

1. Complete both pages of this appeal form;
2. **Attach a detailed explanation of your circumstances;**
3. **Obtain and attach relevant supporting documentation;**
4. Submit this form prior to the term for which you are requesting the appeal but no later than the end of the first semester/term (indicated above) for which you are requesting financial aid. Include all supporting documentation.

Please return the completed form and documentation to:

Slippery Rock University
Financial Aid Office
107 Maltby Center
Slippery Rock, PA 16057

APPEALS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED.

The Financial Aid Academic Appeals Committee will review your appeal based on the documentation submitted and notify you of the results.

Please check the applicable reason:

- ___ 1. **I have experienced a significant medical illness or injury that directly affected my ability to meet the academic standards.** Attach a detailed explanation of the situation, including its severity, length of time and how the occurrence specifically affected your schoolwork. Include supporting documentation (i.e. doctor's statement, hospital bills, etc.)
*Note: If your appeal was approved and the basis of your appeal was related to a chronic medical condition, an appeal in future years may not be approved.
- ___ 2. **There was a death of a close relative or friend and this directly affected my ability to meet the academic standards.** Attach a detailed explanation noting how the death specifically affected your schoolwork and the deceased person's name, their relationship to you, the time period. Include supporting documentation (i.e. obituary, funeral notices, etc.)
- ___ 3. **I have experienced a significant personal tragedy or event in my life that directly affected my ability to meet the academic standards.** Attach a detailed explanation noting the circumstances and how the occurrence specifically affected your schoolwork. Include supporting documentation (i.e. letter on letterhead from a counselor, minister, police officer, etc.)
- ___ 4. **I am "deficient credits" because I had to change my enrollment status from full-time to part-time due to a significant event that occurred during this past year.** Attach a detailed explanation noting the significant event, why this affected your enrollment and what your future enrollment plans will be for the remainder of your degree program. Include supporting documentation (i.e. birth certificate if birth of child, letter from employer if changing from part-time to full-time employment, etc.)
- ___ 5. **I have exceeded the limit for "maximum credits attempted" for my degree program because I changed my major and/or degree program.** Attach a written statement indicating when and why you changed your program of study, the program you were previously in, the program you are currently in and the number of credits you have remaining to complete your current program.
- ___ 6. **Other significant event or situation that affected my ability to meet the academic standards.** Attach a detailed explanation noting the circumstances and how the occurrence affected your schoolwork. Include supporting documentation.

To the best of my knowledge, all of the information on this form and its attachments are complete and correct. I understand that I am not eligible for financial aid unless I receive written approval of this request.

Student's Signature _____ Date _____

Social Security Number/Slippery Rock ID _____

Office Use Only

Reviewed By: _____ Date: _____ Approved? Yes No

Comments: _____