



Please check one of the following as the basis of your appeal:

\_\_\_1. **I have experienced a significant medical illness or injury that directly affected my ability to meet the academic progress 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.)

\_\_\_2. **There was a death of a close relative and this directly affected my ability to meet the academic progress standards.** Attach a detailed explanation noting how the death specifically affected your schoolwork and the deceased person's name, their relationship to you, and the time period. Include supporting documentation (i.e. obituary, funeral notices, death certificate, etc.)

\_\_\_3. **I have experienced a significant personal tragedy or event in my life that directly affected my ability to meet the academic progress 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, social worker, etc.)

\_\_\_4. **I am deficient in number of credits earned 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 of the situation.

\_\_\_5. **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 of the situation.

**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 \_\_\_\_\_

*All information concerning this appeal will be kept strictly confidential.*

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**Office Use Only**

**Date Received:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Approved?** \_\_\_ Yes \_\_\_ No

**Comments:**