

Student Name _____ Univ. ID # _____

Street Address _____ City, State, Zip _____

Phone _____ Email _____

I wish to be reinstated to receive financial aid beginning (circle one): Fall Spring Summer 20__

Any appeals received after the deadline date will not be considered for that semester.

How to File an Appeal:

Submit all the following documents to Student Financial Aid.

Your appeal will not be reviewed until **ALL** requested forms and documents have been submitted.

3-page SAP Appeal Forms (this form and 2-page academic plan, completed, with signatures)

- First two pages are for student to complete and sign
- Third page is to be completed and signed by your advisor, listing the classes you need to take by semester, through graduation. This must include the printed name, signature, and campus phone extension or email of your academic advisor, verifying the accuracy of the plan and involvement of the student in the planning process.

Student's Written Statement explaining extenuating circumstances of all poor terms

- Three questions must be directly addressed in the letter –
 1. What happened in each of the contributing semesters?
 2. How have you overcome each of the circumstances?
 3. What steps have been taken to ensure the circumstances won't happen again?
- Circumstances that will be considered in an appeal include, but are not limited to (check all that apply):
 - Death of an immediate relative
 - Severe personal injury or illness of student or a relative
 - Loss of student's home by fire or flood
 - Military reassignment or required job shift change
 - Separation or divorce
 - Childcare and/or transportation problems beyond the student's control
 - Other (please specify): _____
- Circumstances that will NOT be considered for an appeal include, but are not limited to:
 - Complaints about instructors, courses, staff, or university policy
 - Failure to study / Immaturity
 - Childcare and/or transportation problems within the student's control
 - Failure to read, understand, and follow published financial aid and university policy

Third-Party Supporting Documentation is required for all circumstances

- Documentation dates must coincide with the dates of your unsuccessful terms.
- Cell phone photographs do not print into our system and will not be accepted.
- Acceptable documentation includes:
 - Hospital bills, physician statements, obituaries, legal documents, etc.
 - Letters and statements from caseworkers, instructors, counselors, medical professionals, etc. including contact information and signature.

My signature indicates an understanding of the appeal process above. I understand that failure to follow the process, including not submitting documentation of extenuating circumstances, and/or an Academic Plan may lead to my appeal being denied. If my appeal is granted, I know that I will receive the federal and state aid for which I am eligible during a term of probation. Institutional aid may require an additional appeal. Should my appeal be denied, I understand that I may regain financial aid eligibility at SIUE by following the process of reinstatement.

Required Student Signature

Date

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.

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INSTRUCTIONS:

1. Complete this form before meeting with your advisor.
2. Schedule an appointment to meet with your advisor to complete the Advisor page of this form.

YOUR DEGREE PLANS:

Anticipated Degree(s): _____ Anticipated Date of Graduation: _____

Major: _____ Total Hours for this Degree: _____

Minor: _____ Prior Major: _____

PLAN FOR SUCCESS:

Please reflect on your biggest barriers to success in past semesters. This information will guide the discussion you have with your academic advisor. Be sure, where possible, to include proper documentation in support of your circumstances.

Please identify at least 3 ways you can improve your GPA.

Please identify at least 3 ways you can increase your completion rate.

Please include any additional comments concerning your appeal, if applicable. A letter explaining the circumstances that caused you to struggle should be a separate document. Third-party supporting documentation should be submitted.

Required Student Signature

Date

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ACADEMIC PLAN: Schedule an appointment with your advisor to complete this section. The following should be a detailed plan of enrollment through graduation.

NOTE: You will need to collaborate with your advisor to complete this form. Be prepared to discuss your remaining degree requirements and your strategy to complete your degree. Please know this process may take more than one appointment.

Term		Year	Term		Year	Term		Year
Course	# Hrs	MJR, Min, GE, EL	Course	# Hrs	MJR, Min, GE, EL	Course	# Hrs	MJR, Min, GE, EL

Term		Year	Term		Year	Term		Year
Course	# Hrs	MJR, Min, GE, EL	Course	# Hrs	MJR, Min, GE, EL	Course	# Hrs	MJR, Min, GE, EL

Term		Year	Term		Year	Term		Year
Course	# Hrs	MJR, Min, GE, EL	Course	# Hrs	MJR, Min, GE, EL	Course	# Hrs	MJR, Min, GE, EL

Advisor Recommendations (additional comments may be attached on a separate page):

Advisor Name & Department: _____ Phone: _____

Advisor Signature & Date: _____ Email: _____