

UNIVERSITY of WISCONSIN
LA CROSSE

Appeal Form for Financial Aid Reinstatement

Student's Name

Student ID Number

E-Mail Address

Telephone

Major/Minor

Appeal Submitted For:

Fall Semester _____(year)

Spring Semester _____(year)

Summer Session _____(year)

Reason for Financial Aid Suspension:

_____ GPA

_____ Pace (67% Rule)

_____ Maximum Timeframe
(150% Rule)

Notification of the decision by the Committee will be e-mailed to the e-mail address on this form.

Requirements For Completing The Appeal Process

Attach the following to this appeal form:

1. A Personal Statement

- A) Detail the extenuating circumstances (personal illness, death in the family, etc) which prevented you from making satisfactory academic progress.
- B) Directly address how the conditions that previously prevented you from maintaining satisfactory academic progress for financial aid has changed.
Failure to address both parts will result in your appeal being denied.

2. Provide Documentation

Include supporting statements from professionals familiar with your situation where necessary. If your circumstances are medical in nature, include medical documentation stating that you are cleared to return to school. Attach any other documentation that is relevant to your appeal. Failure to do so will result in your appeal being denied.

3. Academic Plan

Complete and submit the attached SAP Academic Plan. If it will take more than one semester to be meeting the SAP policies, your academic plan must be signed an academic advisor.

4. Unofficial Transcript

You can request an unofficial transcript on WINGS. Print this off and attach it to the appeal.

IF APPEALING MAXIMUM TIMEFRAME:

You must complete a credit check through your Dean's office. Attach the documentation from that credit check showing that the credits on your academic plan are the only credits needed for graduation, and the successful completion of that plan will result in graduation.

Financial Aid Office

215 Graff Main Hall, University of Wisconsin-La Crosse, 1725 State Street, La Crosse, WI 54601

Phone: (608)785-8604, Fax: (608)785-8843

www.uwlax.edu/finaid • e-mail:finaid@uwlax.edu

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FOR OFFICE USE ONLY:
AAFAP _____ AD _____

Satisfactory Academic Progress (SAP) Academic Plan

Student Name _____ Student ID _____

Complete this form ONLY for the terms necessary to be meeting all aspects of the SAP policy.

For more instructions on how to calculate pace and GPA,
please visit www.uwlax.edu/finaid/acadeprgr.html

How to use this form:

If appealing pace: Complete the boxes in white and orange until your pace meets the SAP requirements

If appealing GPA: Complete the boxes in white and green until your GPA meets the SAP requirements

If appeal maximum timeframe: Complete the boxes in white through graduation

	Starting GPA:	
Term _____	Starting Pace:	
Course	Credit	Grade
GPA at end of term:		
Pace at the end of term:		

	Starting GPA:	
Term _____	Starting Pace:	
Course	Grade	Credit
GPA at end of term:		
Pace at the end of term:		

	Starting GPA:	
Term _____	Starting Pace:	
Course	Grade	Credit
GPA at end of term:		
Pace at the end of term:		

	Starting GPA:	
Term _____	Starting Pace:	
Course	Grade	Credit
GPA at end of term:		
Pace at the end of term:		

A dean/advisor signature is ONLY required if will take more than one term to be meeting all aspects of the SAP policy.

Student Signature _____ Date _____

Dean/Advisor Signature _____ Date _____