Appeal Form for Financial Aid Reinstatement

Student’s Name

Student ID Number

E-Mail Address

Telephone

Major/Minor

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

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)

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 may 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 by an academic advisor.

4. **Unofficial Transcript**
   You can request an unofficial transcript on WINGS. Print this 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
www2.uwlax.edu/finaid  •  e-mail:finaid@uwlax.edu
An affirmative action/equal opportunity employer
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.

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

For more instructions on how to calculate pace and GPA, please visit www2.uwlax.edu/finaid/Understand-SAP

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

Student Signature _______________________________  Date _______________

Dean/Advisor Signature _______________________________  Date _______________