

Appeal Form for Financial Aid Reinstatement FA70-18/19(9/17)

Student's Name

Student ID Number

E-Mail Address

Telephone

Major/Minor

Appeal Submitted For:

Fall Semester _____ (year) (Due by December 1)

Spring Semester _____ (year) (Due by May 1)

Summer Session _____ (year) (Due by August 1)

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 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. The academic plan (page 2) must be completed with the courses that are required for you to graduate and signed by a representative from your college's Dean's Office.

FOR OFFICE USE ONLY:

AAFAP _____ AD _____

FINANCIAL AID OFFICE
215 Graff Main Hall
1725 State St. | La Crosse, WI 54601 USA

phone 608.785.8604 | fax 608.785.8843
finaid@uwlax.edu
www.uwlax.edu/finaid

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/understand-sap

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 appealing maximum timeframe: Complete the boxes in white through graduation

	Starting GPA:	
Term _____	Starting Pace:	
Course	Grades	Credits
GPA at end of term:		
Pace at end of term:		

	Starting GPA:	
Term _____	Starting Pace:	
Course	Grades	Credits
GPA at end of term:		
Pace at end of term:		

	Starting GPA:	
Term _____	Starting Pace:	
Course	Grades	Credits
GPA at end of term:		
Pace at end of term:		

	Starting GPA:	
Term _____	Starting Pace:	
Course	Grades	Credits
GPA at end of term:		
Pace at end of term:		

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

Student Signature _____ Date _____

Dean/Advisor Signature _____ Date _____