

**FINANCIAL ASSISTANCE APPEAL**

Last Name	First Name	M.I.	Student's ID Number
Street Address (include apt. no.)			Date of Birth
City	State	Zip Code	Email Address
Home Phone Number (include area code)			Alternate or Cell Phone Number

Specify the semester for which you wish to have your aid reinstated.

- Fall \_\_\_\_\_
  Spring \_\_\_\_\_
  Summer \_\_\_\_\_

**APPEAL PROCESS MUST BE COMPLETE BEFORE LAST DAY OF REGULARLY SCHEDULED CLASSES!**

You may appeal your suspension from financial aid eligibility by following the procedures outlined on this form. You must report and thoroughly document your circumstances for the appeal committee. The appeal has two sections: (1) Documentation and (2) Written Statement. You must complete both sections BEFORE submitting your appeal to the Appeal Chairman. Failure to follow the instructions for the appeal process may result in your appeal being denied. ALL INFORMATION IS CONFIDENTIAL. It is important for you to know that:

- Appeals submitted to this office less than two weeks before the start of the semester may not be reviewed before classes begin.
- If you choose to remain enrolled and attend class while an appeal is pending, you are responsible for all university charges if the appeal is denied.
- Decisions of the appeal committee are considered final. If your appeal is denied, you will be required to complete terms specified in your denial letter in order to regain eligibility.
- If your appeal is approved, you will be notified by student email of the terms of your financial aid appeal.

**SECTION ONE: DOCUMENTATION**

Select the category that best describes the circumstances which affected your academic performance:

- Illness**  
You must attach written documentation from a physician's office, clinic, or hospital confirming the date(s) you sought treatment for your illness. Acceptable documentation of the dates of illness could be: an excuse slip, a copy of a physician's or hospital bill, and insurance statement, or a canceled check paid to a physician, clinic or hospital.
- Death in the family**—Please attach a copy of death certificate or obituary.
- Personal or other Problems**  
Provide signed, written documentation from a qualified person to confirm the personal problems and the period during which they occurred. A qualified person could be: a physician or mental health professional (or a representative of a clinic or hospital), pastor, teacher, current or former employer, attorney, or academic advisor. Letters must be signed originals on agency letterhead. Personal sources which do not represent an agency opinion must be notarized. If you have questions about documenting your appeal, please contact our office. **APPEALS SUBMITTED WITHOUT DOCUMENTATION WILL BE RETURNED.**

**SECTION TWO: WRITTEN STATEMENT**

Explain in your own words the circumstances documented in Part One. First, you must provide a thorough explanation of why these circumstances directly impacted your academic performance **for the semester or semesters in which you failed to make satisfactory academic progress**. Second, you must indicate what has changed that will enable you to meet the SAP standards at the next evaluation of your progress. You may attach a typed statement if you prefer. Remember, all information is confidential.

The **signed** written appeal must contain the following statement "I authorize the University Registrar to release my academic transcript, my academic check sheet(s), my ACT test scores and my current and/or next semester's enrollment schedule to the Financial Aid Office for presentation to the committee that will evaluate my appeal".

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Please attach additional sheets as necessary.

I have read and completed the instructions for the appeal process. I understand failing to comply with the appeal process may result in my appeal being delayed or denied. I understand I will be notified of the results of my appeal and that I must comply with the terms outlined in that notification.

\_\_\_\_\_  
Student Signature    Date

Submit your completed appeal to:  
Appeal Committee Chairman  
Andrea Lauderdale  
NWOSU  
709 Oklahoma Blvd  
Alva, OK 73717  
Phone (580) 327-8606 Fax (580) 327-8413