



**NORTHEASTERN**  
STATE UNIVERSITY

# FINANCIAL AID SUSPENSION APPEAL REQUEST

**Return This Form To:**  
Northeastern State University  
Student Financial Services  
715 N. Grand Ave.  
Tahlequah, OK 74464  
FAX: (918) 458-2150

STUDENT NAME	STUDENT ID	TELEPHONE	
MAILING ADDRESS	CITY	STATE	ZIP CODE

## PREPARING YOUR APPEAL

You have the right to appeal your financial aid suspension if you feel there were extenuating circumstances in your life that hindered your academic performance at Northeastern State University. Your Appeal Request will be reviewed by a committee who will make a decision concerning the reinstatement of your financial aid eligibility. **This committee requires your appeal to include the following THREE components, it may be automatically denied if it does not:**

1. Submit a detailed typed explanation (on a separate sheet of paper) of the extenuating circumstances that negatively affected your academic performance **AND** what has changed that will enable you to be academically successful in the future. Failure to provide adequate explanation may lead to the denial of your appeal. The committee will formulate an opinion about your situation based on the explanation you provide. (Extenuating circumstances are considered to be an illness, medical issues with immediate family members, or a death in the family. However personal or financial issues with family, friends, or roommates are **NOT** considered extenuating circumstances.)
2. Submit documentation that will support your typed explanation, such as medical records, typed letters from friends, relatives, ministers, counselors, academic advisors, doctors, attorneys, or other individuals who are knowledgeable about your situation. Failure to provide adequate documentation may lead to the denial of your appeal.
3. Submit an academic success plan that specifies how you intend to meet the minimum Satisfactory Academic Progress (SAP) policy requirements as listed online in our policy. Failure to provide an academic success plan may lead to the denial of your appeal. An academic success plan should include the following:
  - Student must show that they possess knowledge of the requirements of the SAP policy.
  - Student must submit a copy of their Degree Works degree audit that specifies your declared major along with typed plan that includes courses and GPA needed to graduate in a timely manner. Be aware as stated on the SAP policy that students must be able to complete their degree within a certain time frame.

I understand I will be informed in writing of the approval or denial of my appeal. If approved, I understand I will be advised in writing of the requirements I must meet to get back in good standing in regards to the SAP policy requirements. **I understand that the decision of the Northeastern State University Financial Aid Committee is final and cannot be appealed.**

Student Signature

Student NSU ID #

Date



Student NSU ID # \_\_\_\_\_

**Statements:**

I, \_\_\_\_\_, have attached the following items to my appeal:

1. Detailed explanation of extenuating circumstances
2. Submitted Supporting Documentation
3. My Academic Success Plan (including a statement and Degree Works audit)

I, \_\_\_\_\_, understand that failure to provide the required documents may result in automatic denial of my appeal.

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

\_\_\_\_\_  
Date

**Circle One** - The reason I am on Financial Aid Suspension is:

GPA

Completion Rate

Max Time Frame

**Fill in the information below:**

My GPA is: \_\_\_\_\_

My Hours Earned/ Hours Attempted: \_\_\_\_\_/\_\_\_\_\_ = Completion Rate % of \_\_\_\_\_

I need \_\_\_\_\_ number of semesters which equates to \_\_\_\_\_ number of hours to complete my degree.

**Please fill in the next four semesters of your expected attendance plan:**

TERM:		TERM:		TERM:		TERM:	
Courses	Hours	Courses	Hours	Courses	Hours	Courses	Hours
TOTAL HOURS		TOTAL HOURS		TOTAL HOURS		TOTAL HOURS	

**SUBMIT THIS COMPLETED FORM ALONG WITH YOUR APPEAL REQUEST DOCUMENTS**