



Financial Aid Suspension Appeal Form

Student Information

Name: _____ Student ID #: _____
Address: _____ Phone Number: _____
City, State Zip: _____ Email: _____

1. Reason for the Appeal

Death of a relative Illness/ Injury Extenuating Circumstance

2. Describe (in detail) the extenuating circumstances for the appeal. (documents may be requested)

Large empty rectangular box for describing extenuating circumstances.

3. What has changed in your situation to allow you to demonstrate academic progress?

Large empty rectangular box for describing changes in situation.

5. Please indicate your plan to improve academic progress. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Visit Wellness Center (K-250) | <input type="checkbox"/> Visit academic advisor |
| <input type="checkbox"/> Visit Tutoring (K-125/127) | <input type="checkbox"/> Anticipated term GPA for next term of attendance _____ |
| <input type="checkbox"/> Devote more time to studying | <input type="checkbox"/> Other _____ |

Please explain (in detail) your academic plan.

Large empty box for explaining the academic plan.

I acknowledge that by signing this form:

* I am only eligible for two (2) Financial Aid suspension appeals. * That it must be completed in its entirety to be considered for the appeal process.

Signature: _____ Date: ___/___/___

Return to: MSOE Financial Aid Office · 1025 N Broadway · Milwaukee, WI 53202 · (414) 277-6952 Fax · finaid@msoe.edu

Office use only:

Calculation Results:	<input type="checkbox"/> Approved—Probation
CGPA	<input type="checkbox"/> Approved—Plan <input type="checkbox"/> 1 term <input type="checkbox"/> 2 terms <input type="checkbox"/> 3 terms
1 term _____	<input type="checkbox"/> Denied
2 term _____	Date: _____
3 terms _____	Initials: _____