



### Student Financial Aid

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### Financial Aid Appeal Failed Warning

SAPFW

Name \_\_\_\_\_ University ID # \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I wish to be reinstated to receive financial aid beginning:    Fall    Spring    Summer    20\_\_

#### How to File an Appeal:

Submit all the following documents to Student Financial Aid.

Your appeal will not be reviewed until **ALL** requested forms and documents have been submitted.

**Student's Written Statement explaining extenuating circumstances of all poor terms**

- Circumstances that will be considered in an appeal include, but are not limited to:

Please check which circumstance(s) applies to your situation.

- Death of an immediate relative
- Severe personal injury or illness; severe illness of a relative from whom the student has custodial responsibility
- Loss of student's home by fire or flood
- Military reassignment or required job shift change
- Separation or divorce
- Childcare and/or transportation problems beyond the student's control
- Other (please specify): \_\_\_\_\_

- Circumstances that will NOT be considered for an appeal include, but are not limited to:

- Complaints about instructors, courses, staff, or university policy
- Failure to study / Immaturity
- Childcare and/or transportation problems within the student's control
- Failure to read, understand, and follow published financial aid and university policy

**Third-Party Documentation to support the circumstances**

- Documentation dates must coincide with the dates of your unsuccessful terms.
- DO NOT SEND CELL PHONE PHOTOGRAPHS OF DOCUMENTS.
- Acceptable documentation includes:
  - Hospital bills, physician statements, obituaries, legal documents, etc.
  - Letters and statements from caseworkers, instructors, counselors, medical professionals, etc. including contact information and signature.

**Academic Plan**

- You must meet with your Academic Advisor to develop an Academic Plan to ensure that you are able to meet the Satisfactory Academic progress standards as soon as possible. This Academic Plan must be completed prior to submitting your appeal.
- The Financial Aid Academic Plan form must be used and must include the printed name and signature of the student's academic advisor verifying accuracy of the plan and involvement of the student in the planning process as well as the academic advisor's campus phone extension.

My signature indicates an understanding of the appeal process above. I understand that failure to follow the process, including not submitting documentation of extenuating circumstances, and/or an Academic Plan may lead to my appeal being denied. If my appeal is granted, I know that I will receive the federal and state aid for which I am eligible during a term of probation. Institutional aid may require an additional appeal. Should my appeal be denied, I understand that I may regain financial aid eligibility at SIUE by following the process of reinstatement.

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

\_\_\_\_\_  
Date

**Instructions:**

1. Print out your CAPP Audit and Unofficial Transcripts from CougarNet (see My Organizations in Blackboard).
2. Review these to determine your remaining requirements for your major and general education.
3. Complete page 1 of this form before meeting with your advisor.
4. Schedule an appointment to meet with your advisor to complete page 2 of this form (Academic Plan).

**Reason for Financial Aid Appeal:**

- GPA below 2.0    Completion rate below 67%    Overall completion rate above 150%

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Your degree plans:**

Anticipated degree(s): \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Total hours required for this degree: \_\_\_\_\_

Minor: \_\_\_\_\_ Prior major: \_\_\_\_\_

**Plan for Success:**

Please reflect on your biggest barriers to success in past semesters. This information will guide the discussion you have with your academic advisor. Be sure, where possible, to include proper documentation in support of your circumstances.

Please identify at least 3 ways you can improve your GPA.

\_\_\_\_\_  
\_\_\_\_\_

Please identify at least 3 ways you can increase your completion rate.

\_\_\_\_\_  
\_\_\_\_\_

Please include any additional comments in regards to your appeal (if applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Academic Plan:** Schedule an appointment with your advisor to complete this section.

**Note:** You will need to collaborate with your advisor to complete this form. Be prepared to discuss your remaining degree requirements and your strategy to complete your degree. Please know this process may take more than one appointment.

Select Term _____		Year: _____
Course	#Hours	MJR, Min, GE, EL

Select Term _____		Year: _____
Course	#Hours	MJR, Min, GE, EL

Select Term _____		Year: _____
Course	#Hours	MJR, Min, GE, EL

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Course	#Hours	MJR, Min, GE, EL

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Select Term _____		Year: _____
Course	#Hours	MJR, Min, GE, EL

Select Term _____		Year: _____
Course	#Hours	MJR, Min, GE, EL

Advisor Recommendations (additional comments may be attached on separate page):

Advisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Advisor Phone: \_\_\_\_\_ Advisor e-mail: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_