

APPEAL

Northeastern State University Student Financial Services

715 N. Grand Ave. Tahlequah, OK 74464 Phone: (918) 444-3456 Fax: (918) 458-2150 financialaid@nsuok.edu

Financial Aid Suspension Appeal Form

Student Name	Student II) #	Phone Number		
Mailing Address	Ci	ity	State	Zip Code	
•	PREPARING	YOUR APPEAI		•	
You have the opportunity to ap	ppeal your financial aid s	suspension if you	feel there were exten	uating	
circumstances in your life that	hindered your academic	performance at 1	Northeastern State Un	iversity. Some	
examples of extenuating circur	nstances are listed below	v along with exa	mples of documentation	on that can be	
accepted. Failure to provide a	acceptable documentati	on for your app	eal will result in an a	utomatic denial	
Your Appeal Request will be re	eviewed by a committee	who will make a	a decision concerning	the reinstatement	
of your financial aid eligibility	•				
*The following are examp	ples and other documentat	ion may be needed	l based on your personal	circumstance.	
Please provide anything additional	al that you feel will help yo	our appeal.			
Examples of Extenuation Circumstances		Examples of Supporting Documentation			
The student's own mental or physical illness, injury or disability		Provide documentation from a medical provider and a personal statement			
Death of a family member or significant person in the student's life		Provide a copy of an obituary or death certificate and a personal statement			
Illness, accident, or injury of a significant person in the student's life		Provide documentation (e.g., a physician's statement, police report, or documentation from a third-party professional, such as a hospital billing statement), related to the individual for whom the student provided care or support and a personal statement			
Natural disaster		Provide a detailed written statement and proof (e.g., insurance documentation or newspaper article)			
COVID-19 Disruption		Provide a detailed statement explaining how you have been impacted by the coronavirus and/or disruption of campus closing due to the virus and any available documentation.			
Check One – The reason	on I am on Financial Aid	1 Suspension is:			
GPA GPA	Completion Rate		Max Time Frame		
Fill in the following information					
My hours earned/hours attemp	ted:/	= a com	pletion rate % of	·	
I need hours, which equates to		semesters to complete my degree.			



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

Term:		Term:		Term:		Term:	
Courses	Hours	Courses	Hours	Courses	Hours	Courses	Hours
TD - 1 TT		T . 1 T .		T . 1 II		T . 1 T .	
Total Hours:		Total Hours:		Total Hours:		Total Hours:	

SUBMIT THIS COMPLETED TWO PAGE FORM ALONG WITH YOUR SUPPORTING DOCUMENTS

	TEMENT OF UNDERSTANDING , have attached the following items to my appeal:
	Both pages of the Appeal Form
	Detailed Explanation of Extenuation Circumstances
	Supporting Documentation
	My Academic Success Plan (include a written plan for success and a copy of your Degree Works Audit)
	Letter from Academic Advisor (see note below)
from	* If you are on suspension for exceeding the maximum time frame to complete your degree, you must also turn in a signed letter your advisor stating what courses are still needed to meet graduation requirements for your area of study and provide information ling how many times your major was changed, if any.
I,	, understand that failure to provide the required documents will
resul	t in an automatic denial of my appeal. I understand I will be informed in writing of the approval or denial
of m	y appeal. If approved, I understand I will be advised in writing or by email of the requirements I must meet
to ge	t back in good standing in regards to the SAP policy requirements. I understand that the decision of the
<u>NSU</u>	Financial Aid Committee is final and cannot be appealed.
Stud	ent Signature: Date: