If you are on Financial Aid Suspension because you fall below the GPA and/or completion rate standards and there were extenuating circumstances that contributed to your inability to maintain academic progress, you can submit an appeal to have your financial aid eligibility reconsidered.

Name: ___________________________  Last  First  MI  Falcon ID: _____________________
Telephone: __________________________  UWRF email: ______________________________________

Instructions:
1. Indicate in Section 1 which semester you are appealing to have your financial aid reinstated.
2. Complete Section 2. Meet with your academic advisor to complete Section 3.
3. Submit completed form (including signatures) to the Financial Aid Office. Appeals must be submitted and approved prior to the end of the semester for which you are appealing to receive financial aid.
4. The Financial Aid Office will notify you by your UWRF email of final decision on appeal.

Section 1: To be completed by student. Indicate the term for this appeal.

☐ Fall  ☐ Spring  ☐ Summer

Section 2: To be completed by student
Explain below 1) why you did not make satisfactory academic progress, and 2) why you feel you will be able to succeed if given another opportunity. Continue on reverse side if necessary. Note: “extenuating circumstances” must be well-described serious conditions or situations beyond your control, and you must include documentation with this appeal form (i.e. letter from doctor, obituary) if it is appropriate to your situation.

___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Student Signature  Date

Section 3: To be completed by Academic Advisor
Upon meeting with the above student and reviewing his/her academic progress:

☐ I endorse this SAP appeal for financial aid reinstatement
☐ I do not endorse this SAP appeal for financial aid reinstatement

Additional comments:
___________________________________________________________
___________________________________________________________

Academic Advisor Name & Title (print)
Academic Advisor Signature  Date