Financial Aid Satisfactory Academic Progress
Appeal Form

Please print legibly:
Last Name _________________________________________ First _________________________

Home Phone#: (____) ______________________ Program _____________________ Level _____________
E-mail address: ___________________________________ ________@student.nuhs.edu
Term for which you are appealing: _____________________

If you feel there were extenuating circumstances that led to your inability to maintain satisfactory academic
progress for financial aid, you may appeal by returning this completed form and all supporting documents to the
Financial Aid Office. You may be contacted for additional information.

Instructions: Your appeal must include all of the following: (enter an ‘X’ in the box for each attached/included
item).

□ 1. Attach a statement describing the specific reason, events and/or circumstances (i.e. death of a relative,
ilness, other special circumstance), that directly contributed to the lack of meeting the satisfactory
academic progress requirements. Specific dates of the events should be included. If the reasons for the
lack of meeting the academic requirements developed over the course of several trimesters (or academic
years), you should explain all circumstances that have contributed to not meeting the academic progress
requirements.

□ 2. Include in your statement a separate paragraph with your personal plan of action - what has changed in
your situation to enable you to demonstrate that you will meet Satisfactory Academic Progress standards
in upcoming trimester(s) according to your academic remediation plan.

□ 3. Attach documentation to support your appeal (e.g. medical billing statement as proof of illness, etc.).

□ 4. The signature of your academic advisor/faculty advisor confirming that discussion of a plan of corrective
action has taken place (complete below).

□ 5. Your academic remediation plan (if appropriate) for subsequent trimester(s) plan of study.

For Academic Advisor to complete:
I have met with (name of student)__________________ __________________ and we have discussed a plan for
corrective action regarding his/her academic progress. Attached is a copy of the remediation plan (if appropriate).

Name (please print) __________________________________ Title ________________________________
Signature __________________________________________________ Date ________________________

Statement of Certification: I certify that the information provided on this form and the attached documentation is
accurate and true to the best of my knowledge. I understand that submission of this form and documentation does
not guarantee that my appeal will be granted, or that my financial aid eligibility will be reinstated. I understand that
my academic advisor and/or other NUHS administrative personnel may be consulted in the review of this appeal.

Student Signature __________________________________________ Date _________________

Financial Aid Office
Appeal Status: _____ Approved; placed on Financial Aid Probation __________________________ trimesters

_____ Denied ________________________________________________________________

FAO __________________________________________ Date _________________