



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, illness, 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 _____