

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 ID	#	Pho	Phone Number	
Mailing Address	Cit	<u></u>	State	e Zip Code	
-	PREPARING Y	OUR APPE	CAL	_	
You have the opportunity to app	eal your financial aid su	spension if	you feel there were	extenuating	
circumstances in your life that hi	ndered your academic 1	erformance	at Northeastern Sta	ate University. Some	
examples of extenuating circums	tances are listed below	along with e	xamples of docume	entation that can be	
accepted. Failure to provide acc	ceptable documentatio	on for your a	appeal will result i	n an automatic denial.	
Your Appeal Request will be rev	iewed by a committee	who will mal	ke a decision conce	rning the reinstatement	
of your financial aid eligibility.					
*The following are exam	ples and other documer	itation may b	e needed based on	your personal	
circumstance. Please provide any	thing additional that yo	ou feel will h	elp your 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 written statement an proof (e.g., insurance documentation or newspaper article			
Check One – The reason GPA Fill in the following information My hours earned/hours attempted	Completion Rate My GPA is:		Max Time F		
I need hours, which	equates to	semesters t	o complete my deg	ree.	



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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
Total Hours:		Total Hours:		Total Hours:		Total Hours:	
SUBMIT THIS	COMPL	ETED TWO PAGI	E FORM	ALONG WITH YO	OUR SU	PPORTING DOC	UMENT

STATEMENT OF UNDER	
I,	, have attached the following items to my appeal:
Both pages of the Appeal 1	Form
Detailed Explanation of Ex	xtenuation Circumstances
Supporting Documentation	n
My Academic Success Pla	in (include a written plan for success and a copy of your Degree Works Audit)
Letter from Academic Adv	visor (see note below)
from your advisor stating what courses a	reeding the maximum time frame to complete your degree, you must also turn in a signed letter re still needed to meet graduation requirements for your area of study and provide information
regarding how many times your major w	as changed, if any.
I,	, understand that failure to provide the required documents will
result in an automatic denial of my	y appeal. I understand I will be informed in writing of the approval or denial
of my appeal. If approved, I under	estand I will be advised in writing or by email of the requirements I must meet
to get back in good standing in reg	gards to the SAP policy requirements.
Student Signature	Data
Student Signature:	Date: