

STUDENT INFORMATION

Student Name _____

Banner ID + _____

Phone _____

E-mail: _____@MiamiOH.edu

1. Please check the semester this appeal is for:☐ Summer 2014 **Appeal Deadline: 8/1/2014**☐ Fall 2014 **Appeal Deadline: 11/28/2014**☐ Spring 2015 **Appeal Deadline: 5/1/2015****2. You may request a re-evaluation of your federal financial aid suspension based on extenuating circumstances, however submitting this form may not result in reinstatement of your aid eligibility.****Examples of Extenuating Circumstances**

- * Serious personal illness or injury that required extended recovery time
- * Death or serious illness of an immediate family member
- * Significant trauma that impaired your emotional and/or physical health, (ie. car accident)
- * Other documented circumstances

3. If you are requesting a re-evaluation of your federal financial aid suspension, you must submit this appeal form and all required documents (see box below) to the Office of Student Financial Assistance by the appropriate due date listed above. **We will not contact anyone to obtain information about your appeal. **IMPORTANT:** Please do not submit any original document(s) to our office as we will be unable to return them.****Appeal checklist:****All appeals require the following documentation to be submitted with the appeal.**

- ☐ 1. A statement from you with the following information:
 - a. Explain your failure to maintain academic progress
 - b. Why you believe you can improve your performance
 - c. What corrective action you have taken
- ☐ 2. Documents that support your request, (i.e., statements from physicians, counselors, clergy, court documents, birth/death certificates, obituaries, etc.) Please contact your counselor if you have questions regarding documentation.

If your appeal is due to exceeding the maximum time frame for degree completion, you will also need to submit the Maximum Time Frame Evaluation Form.**4. Certification: I understand that the Office of Student Financial Assistance will not accept my appeal if it is incomplete or lacks documentation. I am therefore submitting a complete appeal. I further understand that the Office of Student Financial Assistance cannot process a Satisfactory Academic Progress Appeal until my federal financial aid has actually been suspended. Once a decision about my appeal has been made, I will be notified in writing of the outcome. We will notify you of our decision approximately three weeks after we receive your complete appeal via postal mail/in writing. I further certify that all information provided with my appeal is true and correct.**

For office use only

Student Signature: _____

Date: _____