

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Banner ID + \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_@MiamiOH.edu

1. Please check the semester this appeal is for:

- ☐ Summer 2015     **Recommended Appeal Deadline: ASAP (but no later than 7/24/2015)**
- ☐ Fall 2015        **Recommended Appeal Deadline: ASAP (but no later than 11/27/2015)**
- ☐ Spring 2016      **Recommended Appeal Deadline: 12/1/2015 (but no later than 4/29/2016)**

## 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, (i.e. 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 One Stop for Student Success Services by the appropriate due date listed above. **We will not contact anyone to obtain information about your appeal. Incomplete appeals will result in an automatic denial of the 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 **IN THIS ORDER**:
- a. What corrective action you have taken to improve your performance (e.g. tutoring or academic advising sought, or other actions which prove that you will begin to make progress requirements going forward. Be thorough and provide documentation.)
- b. Explain why you failed to maintain progress. You should include documentation that supports your explanation (i.e., statements from physicians or counselors that include treatment dates and statement that you are cleared to return to school; statement from clergy, birth/death certificates, obituaries, etc. **NOTE: These statements should not include detailed medical history or diagnosis.**)

**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 One Stop for Student Success Services will not accept my appeal if it is incomplete or lacks documentation. I am therefore submitting a complete appeal. I further understand that a Satisfactory Academic Progress Appeal cannot be processed 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. I understand that I will be notified via postal mail/in writing of an appeal decision approximately three weeks after a complete appeal is received. I further certify that all information provided with my appeal is true and correct.

For office use only

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_