



Student Financial Aid

2308 Rendleman Hall Campus Box 1060
Edwardsville, IL 62026-1060

Phone: (618) 650-3880 Fax: (618) 650-3885

Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

Financial Aid Appeal Failed Warning

SAPFW

Student Name _____ Univ. ID # _____
 Street Address _____ City, State, Zip _____
 Phone _____ Email _____

I wish to be reinstated to receive financial aid beginning: Fall Spring Summer 20__

How to File an Appeal:

Submit all the following documents to Student Financial Aid.

Your appeal will not be reviewed until **ALL** requested forms and documents have been submitted.

Student's Written Statement explaining extenuating circumstances of all poor terms

- Circumstances that will be considered in an appeal include, but are not limited to:

Please check which circumstance(s) applies to your situation.

- Death of an immediate relative
- Severe personal injury or illness; severe illness of a relative from whom the student has custodial responsibility
- Loss of student's home by fire or flood
- Military reassignment or required job shift change
- Separation or divorce
- Childcare and/or transportation problems beyond the student's control
- Other (please specify): _____

- Circumstances that will NOT be considered for an appeal include, but are not limited to:

- Complaints about instructors, courses, staff, or university policy
- Failure to study / Immaturity
- Childcare and/or transportation problems within the student's control
- Failure to read, understand, and follow published financial aid and university policy

Third-Party Documentation to support the circumstances

- Documentation dates must coincide with the dates of your unsuccessful terms.
- DO NOT SEND CELL PHONE PHOTOGRAPHS OF DOCUMENTS.
- Acceptable documentation includes:
 - Hospital bills, physician statements, obituaries, legal documents, etc.
 - Letters and statements from caseworkers, instructors, counselors, medical professionals, etc. including contact information and signature.

Academic Plan

- You must meet with your Academic Advisor to develop an Academic Plan to ensure that you are able to meet the Satisfactory Academic progress standards as soon as possible. This Academic Plan must be completed prior to submitting your appeal.
- The Financial Aid Academic Plan form must be used and must include the printed name and signature of the student's academic advisor verifying accuracy of the plan and involvement of the student in the planning process as well as the academic advisor's campus phone extension.

My signature indicates an understanding of the appeal process above. I understand that failure to follow the process, including not submitting documentation of extenuating circumstances, and/or an Academic Plan may lead to my appeal being denied. If my appeal is granted, I know that I will receive the federal and state aid for which I am eligible during a term of probation. Institutional aid may require an additional appeal. Should my appeal be denied, I understand that I may regain financial aid eligibility at SIUE by following the process of reinstatement.

 Required Student Signature _____ Date _____

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.



Student Financial Aid
 2308 Rendleman Hall Campus Box 1060
 Edwardsville, IL 62026-1060
 Phone: (618) 650-3880 Fax: (618) 650-3885
 Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

Financial Aid Appeal
 Academic Plan
 (Student Page)

Student Name _____ Univ. ID # _____

Street Address _____ City, State, Zip _____

Phone _____ Email _____

INSTRUCTIONS:

- 1 . Complete student page of this form before meeting with your advisor.
- 2 . Schedule an appointment to meet with your advisor to complete advisor page of this form.

YOUR DEGREE PLANS:

Anticipated Degree(s): _____ Anticipated Date of Graduation: _____

Major: _____ Total Hours for this Degree: _____

Minor: _____ Prior Major: _____

PLAN FOR SUCCESS:

Please reflect on your biggest barriers to success in past semesters. This information will guide the discussion you have with your academic advisor. Be sure, where possible, to include proper documentation in support of your circumstances.

Please identify at least 3 ways you can improve your GPA.

Please identify at least 3 ways you can increase your completion rate.

Please include any additional comments in regard to your appeal, if applicable. A letter explaining the circumstances that caused you to struggle should be a separate document. Third-party supporting documentation should be submitted.

Required Student Signature _____

_____ Date

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.



Student Financial Aid
 2308 Rendleman Hall Campus Box 1060
 Edwardsville, IL 62026-1060
 Phone: (618) 650-3880 Fax: (618) 650-3885
 Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

**Financial Aid Appeal
 Academic Plan
 (Advisor Page)**

Student Name _____ Univ. ID # _____

ACADEMIC PLAN: Schedule an appointment with your advisor to complete this section. The following should be a detailed plan of enrollment through graduation.

NOTE: You will need to collaborate with your advisor to complete this form. Be prepared to discuss your remaining degree requirements and your strategy to complete your degree. Please know this process may take more than one appointment.

Term:		Year	Term		Year	Term		Year
Course:	#Hrs	MJR,Min,GE,EL	Course:	#Hrs	MJR,Min,GE,EL	Course:	#Hrs	MJR,Min,GE,EL

Term		Year	Term		Year	Term		Year
Course:	#Hrs	MJR,Min,GE,EL	Course:	#Hrs	MJR,Min,GE,EL	Course:	#Hrs	MAJ,Min,GE,EL

Term		Year	Term		Year	Term		Year
Course:	#Hrs	MJR,Min,GE,EL	Course:	#Hrs	MJR,Min,GE,EL	Course:	#Hrs	MAJ,Min,GE,EL

Advisor Recommendations (additional comments may be attached on separate page):

Advisor Name & Department: _____ Phone: _____

Advisor Signature and Date: _____ Email: _____