

FINANCIAL AID SUSPENSION APPEAL FORM

Name _____ J # _____

Telephone: _____ Email Address: _____

Indicate the academic term you are requesting this appeal: Fall Spring Summer

A Financial Aid Committee will consider appeals based on extenuating circumstances affecting the student. An extenuating circumstance is defined as an occurrence in which the student did not have control of the outcomes. The circumstance **must** be documented. **Failure to provide supporting documentation may result in denial of the appeal.** Please select from the following list your reason for submitting this appeal. If the reason you are submitting this appeal is not listed below, check "other" and include a detailed description in your **typewritten request**.

- The death of an immediate family member (mother/father, spouse, sibling, child, or grandparent). Provide a copy of a death certificate or funeral notice.
- The student was in an accident which occurred with serious injury that prevents the student from attending school or ability to complete course requirements. A doctor/hospital report must be attached citing injuries.
- The student incurred an illness requiring hospitalization or mandatory bed rest at home. Documentation from the doctor/hospital is required.
- Other, please identify and provide supporting documentation from appropriate professional sources (i.e. Police records, doctor, academic advisor, counselor, etc.) _____

Appeals will be considered when the following information is received. All supporting documentation should be attached to the typewritten statement and Financial Aid Suspension Appeal Form.

1. Submit a **typewritten request** citing extenuating circumstances and why consideration of an extension of Financial Aid (Financial Aid Probation) should be considered for the following enrollment period.
(The request should include the following information.)
 - Explain in detail the circumstances that affected your ability to meet the minimum requirements for maintaining eligibility for financial aid.
 - Identify the appropriate entities involved and are providing supporting documentation. The documentation must be on professional letterhead and signed by the doctor or other professional.
 - Address what has changed and why you feel you will be able to be successful by the end of the following enrollment period.
2. Submit an **"academic reference"** from a current professor, academic advisor or program director. The reference should detail your ability and plan to be successful at the end of a probationary semester should you be granted your appeal. The reference for graduate students should focus on student's communication and performance during class attendance. The advisor or program director will need to email the reference directly to finaidappeal@cune.edu
3. **Attach required supporting documentation** of extenuating circumstances. Specific examples were provided for you above.
4. Identify which of the following services you are using regularly:
 - ARC (Academic Resource Center): List services you utilize _____
 - Study Skills Program Advising Other _____

(over)

Financial Aid Suspension Appeal Forms will need to be submitted by Monday after the first week of class at the beginning of the term in which you are appealing for financial aid. You will receive an acceptance/denial email and letter within two weeks after the deadline of when the appeals are due.

I HAVE READ THIS FORM AND SUBMITTED ALL THE REQUIRED ITEMS NECESSARY FOR CONSIDERATION OF AN EXTENSION OF MY FINANCIAL AID. I ALSO UNDERSTAND THAT IF MY APPEAL IS NOT GRANTED, I WILL BE REQUIRED TO PAY FOR ANY LATE PAYMENT FEES THAT MAY OCCUR.

Student Signature (Required)

Date _____
mm/dd/yyyy

RETURN THIS FORM AS SOON AS POSSIBLE WITH OTHER REQUIRED DOCUMENTS. THE FINAL DEADLINE FOR SUBMISSION OF APPEAL IS MONDAY AFTER THE FIRST WEEK OF CLASS AT THE BEGINNING OF THE TERM.

**OFFICE OF STUDENT FINANCIAL SERVICES
CONCORDIA UNIVERSITY
800 N. COLUMBIA AVENUE
SEWARD, NE 68434
FAX: 402-643-3519
EMAIL TO: finaidappeal@cune.edu**

If you have any questions with the Suspension Appeal Form or the process, please contact: finaidappeal@cune.edu or

402-643-7270