

Lourdes Financial Aid office (FAO)

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

If you were notified your aid (Federal, State, and/or Institutional) was terminated, use this form if you wish to appeal this termination and be considered for these types of aid. If you will not be using these types of aid to pay for school you do not need to file an appeal.

Student Name:(Please Print)		Lour (On	Lourdes ID:(On Student ID card or Financial Aid Award Letter)			
Semester Planning to Attend:	_ Fall	Spring		_Summer		
Current Mailing Address:						
Planned Graduation Date:	Curren	t Class Level:		-		
Degree you are seeking at Lourdes:						
Have you utilized Academic Tutoring or t	he Academic Suppo	rt Center? Yes _	No	_		
How many times? (Estimated)						
You may request a reevaluation however submitting this form n	•	•		enuating circumsta	nces,	

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Examples of Extenuating Circumstances

- Serious 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
- Other documented circumstances

2. You must submit this appeal form and all required documents (see chart below)

Required Documentation: As appropriate to your situation, complete the requirements in item A and/or B below.

A. <u>For students notified they:</u> a) Have not successfully completed the set number of all credit hours attempted; <u>and/or</u> b) Have not met the minimum cumulative GPA by the end of each term of attendance (see policy for completion and GPA requirements). Attach the following documents to this completed Appeal form:

- **1**. A statement from you with the following information:
- Explain the extenuating circumstance(s) that resulted in your failure to maintain progress
- Why you believe you can improve your performance & the corrective actions you've taken or plan to take
- <u>2.</u> Documents that support your request, as applicable (i.e., statements from physicians, counselors, clergy, medical records, court documents, birth/death certificates, obituaries, Academic Probation Contract, etc.)
- 3. Your Academic Advisor's statement of the number of credit hours you need to complete your academic program.
- B. For students notified they have gone beyond the 150% time limit to complete their academic program.

In addition to this Appeal form, you must submit a statement <u>from your Academic Advisor</u> which includes:

The number of credit hours you must earn to complete your program and the semester you anticipate completing your program.

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Student Name:	Lourdes ID:
(Please Pri	
financial aid is desired Appeals received bey	Appeal is due 21 calendar days prior to the first day of the semester for which or by the date, when indicated, on the student's Termination of Aid Letter. and this timeframe may not be processed prior to the semester Freeze date. It is are denied and are enrolled on or after the Freeze date will be responsible forms to the University.
	Determination : Students are normally notified in writing through their Lourd Mail as to whether their appeal for reinstatement of financial aid is approved
that if my appeal is in responsible for makir	plete appeal including all required documents and documentation. I understand including all required documents and documentation. I understand in payment arrangements with Lourdes Student Accounts Office if my appeal is reeze date due to being incomplete; or 2.) My appeal is denied and I am enro
Student Signature:	Date:
Lourde Attn: S 6832 C Sylvani Phone	es of this appeal form and all required documents to: Financial Aid Office P APPEAL event Blvd OH 43560 19-824-3732, FAX 419-517-8921 eancialservices@lourdes.edu Website: www.lourdes.edu
For FAO Office use only Date Received	Incomplete:enied Sent for FA processing Email Paper Letter