

Financial Aid Disqualification Appeal

If you experienced extenuating circumstances that prevented you from meeting the Standards of Satisfactory Academic Progress (SAP), you may appeal by completing this form and attaching all required documentation. The information you provide will be used solely for the purpose of your SAP appeal and will be held in strict confidence.

Student ID #	
Last Name	
First Name	
Telephone #	
Email	

Note: Use legal name, not nicknames (i.e. Robert- not Bobby, Bob, Robby, or Rob)

Indicate the term for which you are requesting reinstatement of your aid:

Any appeal submitted after the deadline or without requested documentation will be denied.

Spring 2019 - Appeal deadline is January 14, 2019

Select the extenuating circumstance(s) for which you are appealing:

Medical: Serious Illness or Injury Involving the Student

- Submit a letter from a physician confirming you were unable to attend classes for an extended period of time. Must be on official letterhead and include date(s) of care or illness/injury.

Medical: Serious Illness or Injury Involving the Student's Immediate Family Member

- Submit a letter from a physician confirming your family member's illness or injury. Must be on official letterhead and include date(s) of care or illness/injury.

Mental Health

- Submit a letter from a mental health provider confirming your diagnosis and its impact on your academic success. Must be on official letterhead and include date(s) of care.

Death of Immediate Family Member or Person Who Shared the Student's Household

- Submit an obituary, death certificate or memorial program confirming the date of death of the individual. If no obituary, death certificate or memorial program exists, a letter from someone other than the student is required and must include the date of death and the relationship of the deceased to the student. The letter can be from anyone with knowledge of the death such as a family member, Clergy member, etc.

Trauma/Extreme Emotional Distress

- Submit a letter, on official letterhead, from an assistance agency or professional resource (example: Police, Counselor, Clergy Member, etc.) confirming the date of the incident and that you utilized their services.

Financial Distress Resulting in Eviction or Bankruptcy

- Submit eviction notice or bankruptcy filing.
- If you sought help from a third party (example: emergency shelter, YWCA, Churches United, etc.) submit a letter, on official letterhead, confirming the date(s) you utilized their services.

Earned a 2.0 semester GPA and 66.67% completion rate during last semester you enrolled.

- Complete the remaining sections of this form. Submit any applicable supporting documentation (example: unofficial transcript, etc.).

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NDSU FINANCIAL AID
AND SCHOLARSHIPS

Provide an explanation of extenuating circumstance(s) and how it impacted your academic performance:

Do not leave this section blank.

Action you have taken to resolve extenuating circumstance and ensure future academic success:

Do not leave this section blank.

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Resources you are using to ensure future success:

Academic Advisor
ACE Tutoring
Advising Resource Center
Center for Writers
Counseling Center
Disability Services
Math Emporium
Multi-Cultural Student Services
Student Health Services
TRIO/Student Support Services
Other

Attach supporting documentation from any of the resources selected above confirming the dates you utilized their services (example: letter from Counseling Center, print out from ACE, print out from Blackboard, etc.).

Submission of this form does not guarantee an approval. Please allow two weeks for review of your appeal.

My signature certifies that the information and documentation I am submitting in support of this appeal is accurate and complete. I understand that any false information will be cause for denial of this appeal. Any documents suspected of being forged, altered, or falsified may be referred to NDSU Student Life as a violation of the Student Code of Conduct.

If my appeal is denied, I understand that I am responsible for paying university charges I have incurred and will not be eligible for any types of financial aid that requires the Standards of Satisfactory Academic Progress to be met.

Student Signature _____

Date _____

Form and supporting documents can be mailed to or dropped off at the following addresses:

Mailing address: NDSU One Stop • NDSU Dept. 2836 • PO Box 6050 • Fargo, ND 58108-6050

Campus address: 176 Memorial Union (Fargo) – One Stop

or NDSU Nursing at Sanford Health (Bismarck) – Student Services Office #130A

Scan and Email to ndsu.onestop@ndsu.edu

Fax to 701-231-8297

Phone: 1-866-924-8969 or (701) 231-6200