

BLACK HILLS STATE UNIVERSITY- Student Financial Services

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Black Hills State University
Office of Student Financial Aid
1200 University St, Unit 9670
Spearfish, SD 57799-9670
Phone 605-642-6145 Fax 605-642-6913

The Financial Aid Committee has been established by the University to review the academic records of students who are no longer eligible to receive both Federal and State Student Aid. To appeal your Financial Aid suspension, **complete all information below and return this form, along with documentation of your circumstances**, to Student Financial Services (SFS) as soon as possible prior to the beginning of the semester in which you wish to receive Financial Aid. Upon receiving your appeal, SFS will request a current unofficial copy of your transcript. Incomplete information will delay your appeal.

As established by the U.S. Department of Education, your appeal must address at least one of the following issues which occurred during the academic year in which you lost eligibility:

1. personal illness or injury (must provide a written statement from your physician) ;
2. the death of an immediate family member (provide documents such as obituary); or
3. extenuating circumstances that were clearly beyond your control (provide documentation from counselors, or other professionals);
4. If you have maxed on total attempted credit hours, you must provide a written graduation plan. This plan must include the coursework required for you to complete your degree and your expected date of graduation.

The Financial Aid Committee will review both your academic history and the basis for your appeal. You will be informed in writing of its decision.

SUBMISSION OF THIS FORM DOES NOT GUARANTEE REINSTATEMENT OF AID ELIGIBILITY.

Name _____ Student ID # _____

Address _____ Phone# _____

City _____ Expected Graduation Date _____

State/Zip _____ Degree/Major _____

For what semester/term are you requesting that your financial aid be reinstated? _____

Considering the criteria above, explain clearly and in full detail why you did not meet the minimum Satisfactory Academic Progress Standards. Also, in clear and concise terms, outline your plan for improvement, *e.g.*, utilizing the services provided by the Student Success Center to improve your likelihood of academic success. Attach this statement with your graduation plan and other documentation.

The information provided is true and accurate to the best of my knowledge.

Signature _____ Date _____

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COMMITTEE DECISION:

Review after each term of prob: _____

Deny this appeal: _____

The decision of this committee is to: Approve _____ Deny _____