

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. In order to appeal your Financial Aid suspension, complete all information below and return this form, along with a current unofficial copy of your transcript, to the Financial Aid Office as soon as possible prior to the beginning of the semester in which you wish to receive Financial Aid.

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; or 3) extenuating circumstances that were clearly beyond your control. 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 appealing ? _____

Considering the criteria above, explain clearly and in full detail what caused you to not meet the minimum Satisfactory Academic Progress Standards. Also, in clear and concise terms, outline your plan for improvement, i.e. utilizing the services provided by the Student Assistance Center to improve the likelihood of academic success. (If you need additional space, attach a separate sheet of paper.)

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

Signature _____ Date _____



COMMITTEE DECISION:

Review after one academic year: _____

Deny this appeal: _____

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