



Office of Financial Aid
 5717 White Bluff Road
 Savannah, Georgia 31405-5521

APPEAL OF FINANCIAL AID SUSPENSION

This form must be completed when appealing the suspension of financial aid eligibility and requesting reinstatement of financial aid.

PLEASE PRINT AND COMPLETE ENTIRE SECTION: *(Writing must be legible to be considered)*

| | | | |
|------------------------------------|-------------------|-------------------------|----------|
| First Name/Last Name | Student ID Number | | |
| Current Mailing Address | City | State | Zip Code |
| Email: _____ | | Telephone: _____ | |
| Last Semester/Year Enrolled: _____ | | Met 67% _____ GPA _____ | |

Instructions:

1. Submit this completed/signed Appeal of Financial Aid Suspension form to the Financial Aid Office within five (5) calendar days of the date of notification and
2. Include a typed/signed letter describing the basis for the appeal (i.e., death of a relative, an injury or illness of the student, or other special circumstances). The letter should include an explanation of what has changed that would allow you to demonstrate satisfactory academic progress during the next semester of enrollment. Provide documentation that will support your appeal, if possible.

For Financial Aid Appeals Committee/Office Use Only

Circle One

| | | | |
|---------------------------------|-----------------------------------|------|------|
| <input type="checkbox"/> Denied | <input type="checkbox"/> Approved | Name | Date |
| <input type="checkbox"/> Denied | <input type="checkbox"/> Approved | Name | Date |
| <input type="checkbox"/> Denied | <input type="checkbox"/> Approved | Name | Date |

Comments:
