
Financial Aid Satisfactory Progress Policy Violation Appeal Form

Name: _____ ID#: E _____
Address: _____ Day Phone: _____
_____ Cell Phone: _____
Email Address: _____

Reason for Appeal

- Withdrew / Earned no credit hours.
- Passing less than 66% of attempted semester hours with acceptable grades.
- Exceeded 150% of the academic program's published length.*
- APS (Academic Performance Scholarship) loss.

Explain the reason for your academic problems and how you will improve your academic performance to meet the guidelines in the future. Poor performance in class is **NOT** considered an extenuating circumstance. The death of a relative is **NOT** considered an extenuating circumstance unless you were required to be involved in his or her care.

*If you have attempted more than 150% of the credits required for your grade level, **you MUST meet with an academic advisor BEFORE you submit your appeal.** Documentation of classes remaining along with the number of credit hours for graduation and the expected graduation date **MUST** be attached to this appeal. Advisors **MUST** provide documentation on department letterhead.

*******DOCUMENTATION MUST BE PROVIDED*******

THIS APPEAL WILL NOT BE ACCEPTED WITHOUT DOCUMENTATION ATTACHED. Documentation should verify (prove) what you state as your reasons for the appeal. If your reason was a medical condition, please provide a release from your medical or mental health provider stating your diagnosis and that you are able to return to school without restrictions. **Failure to provide adequate documentation will result in your appeal being denied.**

Review Time

The Financial Aid Committee will attempt to review your appeal as quickly as possible. You will receive a response after your completed appeal has been reviewed. Make sure you provide your current address, email, and phone numbers on this form. Submission of this form with your signature verifies that you have read the procedures above and that all your statements are true and accurate. **NOTE: If you will not attend a semester and are registered, have confirmed your registration or submitted an affidavit and DO NOT drop your classes before the first day of class, you will owe for the semester. You may owe ETSU a repayment of all or part of your tuition, fees, and housing.**

IT IS NOT NECESSARY TO STAND IN LINE to submit your appeal to the Financial Aid Office.

- **Option 1** Complete the fillable document on your computer, print the form, and mail, fax (423.439.5855), or scan/email (finaid@etsu.edu) the form and documentation to the Office of Financial Aid, PO Box 70722, Johnson City TN 37614.
- **Option 2** Deposit your completed appeal form and documentation in the **drop box** located outside the Financial Aid Office door, 105 Burgin Dossett Hall, or in the Financial Aid Office drop box located in the breezeway at the north end of Burgin Dossett Hall (facing University School).
- **NOTE:** Go On-Line, Not In-line...Check financial aid status on GoldLink by clicking on "Financial Aid Status" tab, then "Eligibility."

STUDENT SIGNATURE: _____ **DATE:** _____

[] APPEAL APPROVED [] APPEAL DENIED **—OFFICE USE ONLY—** Attempted _____ Earned _____ Deficient _____ Appeal # _____
[] AY [] F only [] SP only [] SU only

Conditions: _____

Instructions to the processor: _____

_____ **Counselor's Signature** _____ **Date**