Name: _____________________________________  FSU Student ID#:______________________________

Term for which aid reinstatement is requested_______________________

Last semester attended _________________________  Phone #: __________________________________

If you have received notification that your financial aid has been suspended and you wish to appeal that decision, please follow the instructions below:

<table>
<thead>
<tr>
<th>Reason for denial of financial aid (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>o 1. I am an undergraduate student and my most recent semester I received a grade point average of less than 2.0.</td>
</tr>
<tr>
<td>o 2. I have not completed 67% of the credits attempted for my most recent semester.</td>
</tr>
</tbody>
</table>

Instructions:

- Submit this appeal form with a personal statement explaining why you failed to achieve satisfactory academic progress for the semester. The statement should include any extenuating circumstances such as death in the immediate family, serious medical illness or injury, or other circumstances beyond the student’s control. Also include your perspective on what led to this academic difficulty.
- Explain how your circumstances have changed, allowing you to successfully make satisfactory progress. Include resources you intend to use to assist you in becoming successful.
- Submit third-party documentation to support your appeal, if appropriate.
- Submit an Academic Evaluation form. See below.

Consult with your Advisor/Educational Counselor:

You must have the Satisfactory Academic Progress Academic Evaluation form completed. To initiate completion of this form, contact your advisor. In the event you cannot reach your advisor, a member of the Dean’s Office can complete the form.

Incomplete appeals will not be considered.

This appeal is for financial aid purposes only. It does not substitute for college review of your progress and will not influence whether you are academically dismissed from Ferris State University. Your academic history, prior appeals (if any), choice of major and other pertinent information will be considered when making a decision on your appeal.

Return the completed appeal form with documentation and the form(s) required to the address below:

______________________________________________   __ ________________________
Student Signature                     Date

Office of Scholarships and Financial Aid, 1201 S. State, CSS 101, Big Rapids, MI  49307, Fax: 231-591-2950
Fax Number: 231-591-2950