NORTHEAST STATE
We're here to get you there

Financial Aid Office 2425 Hwy 75, P.O. Box 246 Blountville, TN 37617

Satisfactory Academic Progress Appeal Form

Name:	Date:
Street Address:	Student ID:
City, State Zip:	Semester:

According to Section IV of the Satisfactory Academic Progress Policy located at www.northeaststate.edu, students placed on financial aid removal can appeal that decision to the Financial Aid Office. Reasons that may be acceptable for the appeal are: (1) serious illness or accident involving the student; (2) death, accident, or serious illness in the immediate family; (3) class canceled by Northeast State; (4) other extenuating circumstance may be acceptable and will be considered.

To appeal your suspension, you must provide the following information:

- Attach a typed, or neatly hand-written, **detailed** letter explaining the reason you have not met Satisfactory Academic Progress requirements, and the actions you have taken to correct the situation.
- Enclose supporting documentation from medical doctors, advisors, psychologists, death notices, separation notices, divorce decree, accident reports, etc. **The appeal will not be considered without supporting documentation.**
- IMPORTANT: If you have attempted more than 150% of the credits required for your grade level or an associate degree and just need a minimum number of hours, you **must** meet with an academic advisor **before** you submit your appeal. The advisor **must** prepare and sign the Academic Plan so you can attach it to this appeal before submitting it to the Financial Aid Office. It must list the courses numbers and number of hours required for your degree. The advisor may also e-mail the Academic Plan to the Financial Aid Office if preferred.

Please initial:

_____I have read the Satisfactory Academic Progress Policy at www.northeaststate.edu.

_____I understand that appeals can only be approved for current or future terms. An appeal that is submitted and approved after the semester end date will not be eligible for aid until the following semester.

_____I understand that I must meet Satisfactory Academic Progress requirements to maintain eligibility for federal student aid.

_____I understand that my appeal may be denied if I fail to provide a personal statement and documentation to support my appeal or if I still need too many hours to complete my program.

_____I understand that if not satisfied with the appeal decision, I can appeal to the Financial Aid Committee.

_____I verify that all of the above statements and attached documentation are true and accurate.

_____	_____	_____
Student Signature	**Phone Number**	**Date**

FOR OFFICE USE ONLY APPROVED ☐ DENIED ☐	SEMESTER REINSTATED:
FINANCIAL AID COMMENTS:	
Financial Aid Officer:	Date: