



Minot State UNIVERSITY

Satisfactory Progress Appeal Form

A student has the right to appeal the disqualification of their financial aid eligibility. Please indicate the reason for your appeal below and follow the instructions. Incomplete appeals that lack appropriate documentation will be denied.

Last name:		First name:		MI:	Student ID#:
MSU email address:				Phone number:	
				@minotstateu.edu	
Last term of attendance at MSU:	Term that I wish to file the appeal for (ex:Spring 2018):	Degree/Major:		Term I plan to graduate:	

- Extenuating circumstances of a medical nature (i.e. illness or hospitalization, mental health issues).
 - Attach a SIGNED statement explaining the medical circumstance. Explain how the situation has been resolved and how you plan to succeed academically if given another opportunity. Include any plans to utilize MSU Campus Resources such as POWER Center Services, Disability Services, Tutoring Services, Academic Advisor support or others.
 - Attach supporting documentation (i.e. letter from health care provider).
 - A Plan of Study (see page 2) completed with your advisor showing the courses necessary for completion of your program. The Plan of Study must be reasonable based on your current situation and the expectation that you must successfully complete all of the courses you attempt.

- Death or serious injury/illness of an immediate family member.
 - Attach a SIGNED statement explaining the situation including the relationship of person to you.
 - Attach supporting documentation (i.e. copy of obituary, memorial program, or death certificate).
 - A Plan of Study (see page 2) completed with your advisor showing the courses necessary for completion of your program. The Plan of Study must be reasonable based on your current situation and the expectation that you must successfully complete all of the courses you attempt.

- Other extenuating circumstances.
 - Attach a SIGNED statement explaining the circumstance and how it impacted your academic performance. Explain how the situation has been resolved and how you plan to succeed academically if given another opportunity. Include any plans to utilize MSU Campus Resources such as POWER Center Services, Disability Services, Tutoring Services, Academic Advisor support or others.
 - Attach supporting documentation (copies of legal documents, signed statements from other involved parties).
 - A Plan of Study (see page 2) completed with your advisor showing the courses necessary for completion of your program. The Plan of Study must be reasonable based on your current situation and the expectation that you must successfully complete all of the courses you attempt.

- Attempted maximum credits (you have attempted more than 150% of the required credits for your program of study).
 - Attach a SIGNED statement explaining the reason your maximum credits(i.e. changed majors, transferred in credits, illness).
 - A Plan of Study (see page 2) completed with your advisor showing the courses necessary for completion of your program. The Plan of Study must be reasonable based on your current situation and the expectation that you must successfully complete all of the courses you attempt.

I understand that if my financial aid eligibility is reinstated, I am expected to meet the following conditions for the term of my probation: 1) I must earn a C (2.0) or better in every class that I enroll in and, 2) I must complete 100% of the credits I attempt. I also understand I will be notified through my campus email of the appeal decision.

Student's signature _____ Date _____

Office use only: Approved Denied

Financial Aid Office signature _____ Date _____

Minot State University Plan of Study/Transcript Review Form

Student and advisor should complete this form together by indicating which courses the student needs to complete their degree and the term in which they will be taken. Form should be returned to the Financial Aid Office AFTER YOU REGISTER FOR CLASSES FOR THE UPCOMING TERM.

Student Name _____ ID # _____

Term _____	Course Name	No. of Credits	FAO use only

Term _____	Course Name	No. of Credits	FAO use only

Term _____	Course Name	No. of Credits	FAO use only

Term _____	Course Name	No. of Credits	FAO use only

Advisor Name (print) _____

Advisor Signature _____ Date _____