



Graduate Federal Aid Suspension Appeal Form

Submit this form along with documentation as described below

Student Name: _____ ID Number: _____

Term and Year you are seeking to return: _____

Definition of Satisfactory Academic Progress Requirements:

GPA: The student must maintain a GPA of at least 3.00 based on all graduate coursework.

Completion Ratio: The student must successfully complete 67% of all graduate coursework attempted. This ratio is determined by dividing a student's graduate earned hours by their graduate attempted hours.

Maximum Time Frame: The student must complete the requirements for the graduate degree within 150% of the usual time frame for degree completion. Athens State generally requires completion of 30 semester hours to earn a graduate degree. Therefore, financial aid will be available for no more than 45 semester hours of graduate level credit.

Appeal of Suspension due to Extenuating Circumstances:

All of the following items must be attached for your appeal to be considered. Do not submit an appeal including only partial information. If one or more of the items is incomplete, your appeal will automatically be denied.

1. A written explanation of **BOTH**:
 - a. Unusual or mitigating circumstances that you believe prevented or hindered you in making satisfactory academic progress or completing your degree within the allowable timeframe; **AND**
 - b. What has changed, or corrective actions or steps being taken, to prevent future problems.
2. Supporting documentation relevant to your request for reinstatement of aid, i.e., doctor's statements, hospital discharge records, death certificate, etc..

By filing this appeal and signing below, I understand and agree to the following:

- This is NOT an academic appeal but pertains ONLY to my federal aid eligibility.
- My appeal and supplied information must be reviewed and that a reinstatement is not automatically granted.
- I realize I am responsible for all charges to my account; being denied federal aid or being granted reinstatement does not waive my responsibility to pay any charge or balance I owe to Athens State University.
- I certify that all information provided is true, accurate and correct.
- If my appeal is approved, I agree to follow the guidelines of my probation as dictated by the Office of Financial Aid.

Signature

Date

Return this form with documentation to: Office of Student Financial Aid,
Athens State University, 300 N. Beaty Street, Athens, AL 35611
Email: finaid@athens.edu Fax: 256-233-8178