

# North Dakota State College of Science

## *APPEAL FOR REINSTATEMENT OF FINANCIAL AID*

Return this Form to: Financial Aid Director, NDSCS, 800 N 6 St, Wahpeton ND 58076

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

NAID or Soc. Sec. Number: \_\_\_\_\_

Program of Study: \_\_\_\_\_

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In choosing to appeal your financial aid termination, it is your responsibility to read the following information and mark it accordingly.

- " I have reviewed and understand the Financial Aid Satisfactory Progress Policy found in the College Catalog.
- " I understand that I must be in good standing at NDSCS.
- " I understand that I must provide required documentation to support my appeal (including supporting documentation from doctor, counselor, lawyer, etc...) and I have attached it to my appeal form.
- " I understand my reinstatement may come with conditions like mandatory attendance, counseling, and Academic Service support.

In the space below explain the circumstances that prevented you from making satisfactory progress. You should specify the term(s) in which the difficulties arose and how your academic performance was affected. In your appeal please describe the changes that you have made, or will make, to reasonably insure that you will meet satisfactory academic progress in the future. Appeals based upon medical, emotional or legal reasons require supporting documentation from a doctor, counselor, lawyer, etc. (If additional space is needed, please use the reverse side or attach a separate sheet of paper.)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACTION TAKEN (FOR OFFICE USE ONLY):**

Credits Attempted \_\_\_\_\_ Approved \_\_\_\_\_

Credits Completed \_\_\_\_\_ Denied \_\_\_\_\_

Percentage \_\_\_\_\_ Letter Sent \_\_\_\_\_

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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