

ILLINOIS STATE UNIVERSITY
Financial Aid Office
Satisfactory Academic Progress Appeal Form

NAME _____

UNIVERSITY I.D. NUMBER _____ - _____ - _____

ADDRESS _____
(to which result should be sent) street city state ZIP

Check one: Undergraduate Graduate LOCAL PHONE NUMBER _____ - _____.

Term for which you are requesting reinstatement (check one):

___ Fall Year _____
___ Spring
___ Summer

Mail to: ILLINOIS STATE UNIVERSITY
Financial Aid Office
Campus Box 2320
Normal IL 61790-2320

or Return to: Financial Aid Office
231 Fell Hall

BASIS FOR APPEAL. Please provide all information that supports your appeal. Explain if there were any grade changes. Be specific in explaining why the minimum number of academic hours were not earned. You will not have an opportunity to provide additional information in person. Be concise and clear. Attach documentation of any unusual circumstances (i.e., doctor or hospital bills, death certificate, etc.) to this form. Use additional pages if needed.

----- FOR OFFICE USE ONLY -----

Previous Appeal Approved: Y N

FAO Staff Signature Date

Appeal Approved / Appeal Denied

Comments: _____

Reviewer Signature Date

Percent completed _____ Undergrad. > 180 hrs. Grad. > 75 hrs.