

SATISFACTORY ACADEMIC PROGRESS APPEAL FOR REINSTATEMENT OF FINANCIAL AID

Name: _____ EOU ID#: _____ Date: _____

EOU e-mail: _____ Phone: _____

INSTRUCTIONS:

1. Use this form as a cover page for your appeal.

2. Attach a typed statement that includes the following:

- Explain in detail the circumstances that lead to your failure to make progress towards your degree program.
- Illustrate the substantial change in your situation that will allow you to be successful if your appeal is approved.
- You may also attach any document that supports your appeal. Documentation may be a letter from your doctor, counselor, faculty, minister, etc. You may also document an event such as a surgery, death in the family, or accident that kept you out of school for a period of time and prevented you from completing course work.

3. If this is a 2nd appeal or beyond, you will be referred to the Financial Aid Committee and must include the Academic Plan/Advising Form showing course work necessary to complete your degree program, signed by an advisor.

4. Return this completed form to the EOU Financial Aid Office or FAX: (541) 962-3661 Email: fao@eou.edu

Federal Work Study - If you have a federal work-study job, you are ineligible to work until your financial aid is reinstated. You must stop working at your work-study job.

Do you have a federal work-study job? If so, where do you work and who is your supervisor(s): _____

Please Print Clearly

****Office Use Only****

Appeal Approved _____ Appeal Approved/Aid Modified _____ Appeal Denied _____

Referred to FA Committee _____ Committee's Review Date _____

Committee's Action and Recommendations:

APDEC

Note: Read the EOU SAP policy at eou.edu/fao/sappolicy

Advising & Academic Plan Form

Student's Name _____

Note to advisor: Students may receive financial aid for Math 70 or 95. If the student failed a course, s/he may receive aid for repeated course work until the course is passed. If the student passed the course, s/he may receive aid for only one repeat of the course. Audit grade option courses do not count for financial aid.

TERM: _____

Course Number	Course Title	Credit Hours

TERM: _____

Course Number	Course Title	Credit Hours

TERM: _____

Course Number	Course Title	Credit Hours

TERM: _____

Course Number	Course Title	Credit Hours

Student's anticipated Graduation Date: _____

Advisor's signature: _____

Date: _____