

STUDENT APPEAL FOR SUSPENSION OF FINANCIAL AID

(PLEASE PRINT NEATLY)

PLEASE COMPLETE THE INFORMATION BELOW (*Required Fields):

Date*: _____ E-Mail _____

Name*: _____ Phone Number*: _____

Please accept this as my appeal of Eastwick College's decision to suspend my financial aid based on my failure to achieve satisfactory academic progress. The circumstances that led to my unsatisfactory academic progress included:

My personal circumstances have changed and will result in the improvement of my academic situation. They include:

Based on the above information, please allow me to continue in the _____ program at Eastwick College and to retain financial aid eligibility. I understand that I will be placed on academic probation and that financial aid will be reinstated for one quarter only. Appropriate documentation is attached.

Student Name

Student Signature

<input type="checkbox"/>	<u>OFFICE USE ONLY</u>
To be completed by Academic Appeals Committee Chairperson	
_____	Appeal granted
_____	Appeal denied
Reason: _____	
Appeals Committee Chairperson Signature: _____	Date: _____