

**BISMARCK STATE COLLEGE
FINANCIAL AID OFFICE
APPEAL FORM**

Name _____ Student ID # W _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone Number _____

The information you provide will help the Financial Aid Office Staff reach a decision on your appeal. Along with the below requested documentation please indicate, on a separate sheet of paper, what steps you have taken to address the problems that prevented you from maintaining satisfactory academic progress.

Please check one the following and provide the requested documentation:

- | | |
|--|---|
| _____ Death of a relative of the student | <input type="checkbox"/> Statement from adult family member |
| _____ Personal injury or illness of the student | <input type="checkbox"/> Signed statement from students doctor
<input type="checkbox"/> Accident or Police Report |
| _____ Family difficulties, such as divorce or illness | <input type="checkbox"/> Copies of legal documents
<input type="checkbox"/> Signed statement from doctor
<input type="checkbox"/> Signed statement from an involved third party, such as resident advisor, school counselor, etc. |
| _____ Interpersonal problems with friends, roommates, significant others | <input type="checkbox"/> Signed statement from an involved third party, such as resident advisor, school counselor, etc. |
| _____ Time management difficulties | <input type="checkbox"/> Documentation illustrating other commitments outside of school, such as pay stubs, etc. |
| _____ Change of Program | <input type="checkbox"/> Statement from advisor or Registrar indicating change of major |

Student Statement of Understanding

I would like to have my financial aid eligibility reinstated. If my appeal is approved, I understand that I am expected to meet the following terms:

1. I must earn a 2.00 (C or better) in every class that I enroll in.
2. I must not withdraw from any class I enroll in.

If I do not meet the terms of my appeal for the next semester I enroll in, my appeal will be canceled. **All appeal requests must be made prior to the FIRST day of classes in any given semester for the semester in which financial aid is requested.**

Signature

Date