

EASTERN OKLAHOMA STATE COLLEGE FINANCIAL AID SUSPENSION APPEAL FORM

Please complete the following section of this form and attach any and all supporting documentation you may have to support your appeal. **Note: it is expected that the appellant will include a cover letter as part of his/her appeal.** You will be notified in writing after the Committee has met and made a decision regarding your appeal.

Name: _____

S.S.#: _____ I.D.# _____

Address: _____

_____ Zip Code: _____

Daytime Telephone #: _____

Select any of the following options that apply to appeal for **grade point average or pace requirements**:

Illness of student or immediate family member (child, spouse, wage earner, parent or legal guardian).

Disasters – fire, flood, tornado, etc.

Severe emotional difficulties.

Death in immediate family causing financial hardship.

Accidental injuries which incapacitate.

Loss of employment or change in employment.

If you do not fall into one of the above categories, please give reason(s) here:

If you are appealing the **maximum time frame requirement**, please include a cover letter as well as briefly state the reason for needing extra time to complete your degree. Your appeal must contain a description of the extraordinary circumstances which led to the need for you to exceed the 150% limit without completing your program, as well as a timetable of remaining coursework for program completion.

_____ Briefly state reason for needing more time to complete your degree here:

Third Party Documentation:

- 1) Illness of student or immediate family member = medical documentation confirming the onset and duration of the illness.
- 2) Disasters affecting the student's attendance = documentation of insurance claims or other third party information verifying the date of the disaster.
- 3) Severe emotional difficulties = documentation from a qualified counselor documenting the onset and duration of the problems.
- 4) Death in the family = copy of death certificate
- 5) Accidents which incapacitate = medical and/or other documentation verifying the date and duration of the occurrence
- 6) Loss of employment (change of employment) = letter from employer verifying the circumstances and dates of loss or change in employment.

My signature below certifies that the information supplied is accurate and that the Financial Aid Appeals Committee has my permission to verify this information. Please note that inaccurate and or false information could result in reversal of a decision made by the Financial Aid Appeals Committee.

Student Signature

Date

For Office Use Only

Action Taken: _____ APPROVED _____ DENIED

Determining Factors for Above Decision

Committee Signature: _____

Financial Aid Director Signature (Date): _____