Satisfactory Academic Progress Financial Aid Suspension Appeal Form

Student Name	Sa	aint Paul College ID #		
Address	City	State	Zip	
Current Email Address (required) Phone				
lost recent Semester/Term of attendance Semester/Term appealing to receive aid				
Check the suspension hold(s) below you want to appeal and follow the instructions under each suspension				
☐ Financial Aid Suspension Due to GPA and/or P	ercent Completion Rate			
1. Check type of appeal:				
☐ Suspension from Saint Paul College – You Point Average (GPA) below 2.0 after two se grades during your first semester of enrollr	emesters of enrollment. You			
☐ Suspension from previous college – You are currently on Financial Aid Suspension at another Minnesota State Colleges and Universities (MnSCU) school.				
 Complete Financial Awareness on the web at www.studentloans.gov. You will use your Federal PIN to log-in to the website. Select "Complete Counseling" and start "Financial Awareness Counseling". Print out the certificate of completion at the end of the counseling and submit it along with this appeal. 				
3. Provide a written explanation as to why your appeal should be approved. Please explain the circumstances of your suspension, how you plan on being successful, and when you anticipate graduating from Saint Paul College.				
4. Submit this appeal form to the Financial Aid Office , along with the Financial Awareness completion certificate, letter of explanation, and any other supporting documents you feel will help with your appeal.				
Financial Aid Suspension Due to Exceeding Ma	aximum Time Frame			
We are required to compare your attempted cr	1. We are required to compare your attempted credits at Saint Paul College and transfer credits with the number of credits in your registered program. When this value hits 150%, we are required to place you on Financial Aid Suspension.			
you from completing your program within the operations of the previous enrollment in ESL or college readiness.	o why your appeal should be approved. Explain the circumstances that prevented within the 150% time-frame limit including, but not limited to, a change of major, ge readiness classes, completion of previous program, transfer credits, and o state your anticipated graduation date from Saint Paul College.			
 Submit this appeal form to the Financial Aid documents you feel will help with your appeal. 		r of explanation and any ot	ther supporting	
You will be notified if any additional documentation is no address provided, within three weeks of submission. On property of the College.				
By signing below I certify that I completed this appeal army knowledge.	nd that the information conta	ained in this appeal is true	to the best of	
Student Signature		Date		
College Use Only				
College Use Only: ☐ Approved ☐ Denied Comments:				
Signature of College Official		Date		



Financial Aid Office 235 Marshall Avenue Saint Paul, MN 55102 This document is available in alternative formats to individuals with disabilities by contacting Caidin Riley, Director of Disability Services at 651.846.1547 or caidin.riley@saintpaul.edu. For TTY Communication, contact the Minnesota Relay Service at 7-1-1 or 1.800.627.3529.

Saint Paul College is an Equal Opportunity employer and educator and a member of the Minnesota State Colleges and Universities system.