



## Milwaukee School of Engineering 2022-2023 Financial Aid Suspension Appeal Form

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

You are currently not meeting Satisfactory Academic Progress as defined by MSOE and the Department of Education. Therefore, your financial aid eligibility has been suspended. You may appeal your suspension if extraordinary circumstances affected your academic performance, including (but not limited to): serious illness or injury to student, death or serious illness of an immediate family member or close friend, or other significant extraordinary circumstance. Appeals are due by 4:30pm on the Monday of Week 8 of the suspension term. Your appeal must include all of the items listed below.

### A written statement detailing:

1. The extenuating circumstances that affected your ability to meet Satisfactory Academic Progress standards. Please also provide documentation of these circumstances.
2. What has changed in your situation that will allow you to demonstrate academic progress,
3. Your academic plan for future terms.

### Documentation to support my circumstance (required). For example:

- Medical documentation
- Copy of death certificate or obituary
- Letters from 3rd party (therapists, academic advisor, RCAS Coach, etc.) verifying your circumstance.

**\*\*\*APPEALS WITHOUT DOCUMENTATION WILL NOT BE ACCEPTED\*\*\***

1. Write a detailed explanation of the extenuating circumstances that affected your ability to meet Satisfactory Academic Progress standards. **Please also provide documentation of these circumstances.** Attach a separate sheet if needed.



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2. Describe what has changed in your situation that will allow you to demonstrate academic progress. Attach a separate sheet if needed.

3. Describe your academic plan in detail. Attach a separate sheet if needed.



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4. What is your anticipated GPA for your next term? \_\_\_\_\_

5. Indicate the resources you will use to improve your academic progress. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> a. Visit Wellness Center (K250) | <input type="checkbox"/> d. Visit academic advisor       |
| <input type="checkbox"/> b. Utilize Tutoring (K125/127)  | <input type="checkbox"/> e. Utilize faculty office hours |
| <input type="checkbox"/> c. Devote more time to studying | <input type="checkbox"/> f. Other: _____                 |

By signing this form, I acknowledge that I am eligible for up to three Financial Aid Suspension Appeals while attending MSOE. I have provided adequate documentation of my extenuating circumstances and completed all of the appeal questions. I understand that this appeal will not be accepted after the Monday of Week 8 of my suspension term. If my appeal is denied, I understand that I will not be eligible for any institutional, state, and/or federal financial aid until I am meeting Financial Aid Satisfactory Academic Progress standards.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*PLEASE NOTE: MSOE will not accept typed signatures, signatures that are completed using PDF editor, or signatures that are written in pencil.*

☐ I have attached documentation of my extraordinary circumstance.

Office Use Only							
Calculation Results							
CGPA		Credits					
1 term		1 term		<input type="checkbox"/>	Approved- Probation		
2 terms		2 terms		<input type="checkbox"/>	Approved- Academic Plan ____ terms		
3 terms		3 terms		<input type="checkbox"/>	Denied		
4 terms		4 terms					
5 terms		5 terms			Date		Initials