



Appeal for Financial Aid Reinstatement
 Financial Aid Office · UAFS · 5210 Grand Avenue · P.O. Box 3649
 Fort Smith, Arkansas 72913-3649 · Fax: 479/788-7095

Term to reinstate aid: _____ Name: _____ ID #: _____

E-mail Address: _____

Your Appeal will be reviewed by the Appeals Committee.

- A. You will be notified by e-mail in approximately four weeks regarding the committee’s decision. The decision of the Committee is final.
- B. If your Appeal is approved, you must make an appointment with a Financial Aid Advisor where you will be given an Academic Plan form to be completed by you and your Academic Advisor.
- C. Appeals must be submitted prior to the deadline of the term you are appealing to have your financial aid reinstated.
- D. You will be responsible for payment of any charges if your Appeal is denied.

Preparing Your Appeal

1. In a **TYPED** letter, explain the extenuating circumstances that address your poor academic performance. Do not include statements such as “needing the money to go to school” or “you want to make a better life” as these are already assumed.
2. Include the steps you have taken or will take, personally and academically, to prevent these circumstances from hindering your academic performance in the future.
3. Students are expected to make Satisfactory Academic Progress to receive Title IV Student Aid. Circumstances that are life changing, serious, and out of the students control will be considered for Appeal on a case by case basis.
4. **DOCUMENTATION is required for all appeals** and the documentation should support the explanation in the written appeal. For example; medical or other legal documents, letters from university staff or faculty, employers, counselors, attorneys or doctors, or other objective persons who are knowledgeable about your circumstances. Do not include letters from friends or family members. Incomplete Appeals will not be reviewed.

Denied Appeals

The decision of the Appeals Committee is final. If your Appeal is denied you may attend at your own expense provided you are eligible per all other University policies and requirements. You may regain your financial aid eligibility when you meet SAP requirements.

By signing my name below, I acknowledge that I have read and understand the above provisions, and that the information I have provided in my appeal is true and correct.

Signature _____ Date _____

Submit appeal form with statement and supporting documentation. Incomplete appeals will not be reviewed.

***** To be completed by the Financial Aid Office *****

GPA _____ Attempted Hours _____ Completed Hours _____

Completion Rate _____ Failed Dev Ed Classes ____yes ____no