

**Return to: Student Services Center, Suite 211    Fax: 757-823-9059    Phone: 757-823-8381**

*To appeal a loss of financial aid eligibility, students must complete this application as well as attach any supporting documentation for review by the Financial Aid Appeals Committee.*

**Section 1: Student Information**

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_  
(Last) (First) (MI)

Student E-mail Address: \_\_\_\_\_@spartans.nsu.edu    Phone #: \_\_\_\_\_

Anticipated Year of Graduation: \_\_\_\_\_

Enter the school year and term for this appeal: Academic Year \_\_\_\_\_ (Example: 2011-2012)

Fall     Spring     Summer     (Check one)

Have you submitted an appeal previously?     Yes     No

**Section 2: Letter of Appeal**

**Please submit a typed response to the following:**

Describe the circumstance(s) that contributed to your inability to maintain satisfactory academic progress (i.e. medical emergencies, illness, death in the family, military deployment). Please attach supporting documentation or evidence of your circumstance(s) (i.e. letter from physician/counselor/therapist, hospital documentation, obituaries, military orders).

**I understand that I have not met the Satisfactory Academic Progress (SAP) Standards at Norfolk State University during my last enrollment period. I would like to appeal the decision due to personal mitigating and/or extraordinary circumstances. I also understand that I am not eligible for financial aid unless I receive written approval of this request for reinstatement of financial aid.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

- Insufficient GPA     Insufficient completed credits     Exceeded maximum allowable program hours
- 1<sup>st</sup> appeal     2<sup>nd</sup> appeal
- Appeal approved     Appeal denied

Financial Aid Officer: \_\_\_\_\_

Date: \_\_\_\_\_