**Appeal for Reinstatement of Financial Aid**

|  |  |
| --- | --- |
| **Student Name:** | **NMU IN:** |
| **NMU Email Address:** | **Term for which reinstatement is requested:** |

Federal law requires all students to make **Satisfactory Academic Progress (SAP)** towards their degree to maintain eligibility for financial aid programs. Students not meeting these standards have the right to appeal this status if special circumstances such as illness, injury, death of a family member, or other extenuating circumstances beyond the student’s control prevent them from meeting these requirements. NMU’s SAP policy can be viewed at <https://www.nmu.edu/financialaid/progresspolicy>.

* **In order to appeal your financial aid termination you must complete this form and attach a typed, signed personal statement**\* **addressing the following:**
* What issues contributed to your termination of financial aid? Address all semesters that contributed to the deficiencies.
* Explain how your circumstances have changed, allowing for successful progress towards your program of study.
* Explain what NMU Services, or external professional resources, you used to resolve the circumstances.
* If your aid eligibility was terminated for attempting too many credit hours, clarify when you will complete your program of study.
* If you are returning after an absence, describe what you have been doing since you left NMU (ex: employment; raising family; attending another school; returning to health).

*\* If your explanation will disclose incidents of sexual misconduct, (includes any of the following acts: sexual assault, sexual harassment, stalking, dating violence, voyeurism, sex discrimination, domestic violence, and any other conduct of a sexual nature that is nonconsensual.), that information will be forwarded to the University’s Title IX Coordinator or Deputy Title IX Coordinator. You may receive an email from that office providing an opportunity to meet, access resources, or provide additional information. If you would like to speak confidentially to a counselor for support, please contact NMU’s Counseling and Consultation Department at 906-227-2980.*

* **Attach appropriate documentation to clarify/support your appeal. This could include:**
* In cases of family death: obituary, death certificate, or newspaper article.
* In cases of health related issues: letter from physician corroborating illness, length of recuperation and your ability to be **successful** in an academic setting upon your return.
* Clarification from NMU professional (such as your academic adviser) as to the timeframe remaining to complete your program, or a copy of your degree audit.
* Letters of support from others in a professional or supervisory capacity may be included.
* Academic transcripts, professional certifications or credentials that you have earned since last attending NMU.
* **Completed appeals should be submitted by end of business day Tuesday to be considered for the next meeting :**
* Make sure that your appeal statement is typed and signed.
  + drop off: Financial Aid Office, 2107 Hedgcock
  + mail: Financial Aid Office at 1401 Presque Isle Avenue, Marquette, MI 49855
  + fax: 906-227-2321
* Incomplete appeals, or appeals received after conclusion of the semester, will not be reviewed or retroactively applied.

It is in your best interest to provide the most complete information possible. You will receive a response via e-mail to your NMU e-mail address or the permanent mailing address NMU has on file within ten days of the Appeal Committee's decision.

**I CERTIFY THAT ALL INFORMATION AND DOCUMENTATION I HAVE SUBMITTED PERTAINING TO THIS APPEAL IS TRUE AND ACCURATE. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY UNIVERSITY BILLS (INCLUDING LATE FEES) ON MY ACCOUNT, REGARDLESS IF MY APPEAL IS APPROVED OR DENIED.**

**STUDENT SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_