



FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS
EVALUATION or APPEAL of SUSPENSION
REQUEST FORM

SSN: \_\_\_\_\_

Student Name \_\_\_\_\_ Telephone Number \_\_\_\_\_
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_
City, State, Zip Code \_\_\_\_\_

Request to Reevaluate Suspension Status:

I request that my suspension status be removed because I have improved my GPA and/or I have completed the
required hours to remove my suspension status. OR;
I have met the requirements for reinstatement of my TEG. I am requesting that my TEG suspension be reviewed.
I have completed the course(s) for which I received a grade(s) of "I" (incomplete) and my transcript has been updated
by the Registrar's Office.

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

Appeal of Suspension due to Mitigating Circumstance:

I request to appeal my being placed on suspension of financial aid, I believe there has been an extenuating
circumstance or other justifiable reason as to why I did not make satisfactory academic progress.

IMPORTANT

ALL of the following items must be attached for an appeal of financial aid suspension to be considered:

- 1. A written explanation of BOTH:
a) unusual or mitigating circumstances that you believe prevented or hindered you in making satisfactory
academic progress; AND
b) corrective actions or steps taken to prevent future problems.
2. Supporting documentation (must be within term of suspension) relevant to your request for a waiver of
suspension, i.e., doctor's statements, hospital discharge records, divorce decree, death certificate, etc.

I understand that this is NOT an academic appeal, but pertains only to my financial aid eligibility.
I understand that my appeal and supplied information must be reviewed and that a waiver is not automatically granted.
I realize I am responsible for all charges to my account; being denied financial aid or being granted a waiver does not waive
my responsibility to pay debts I owe the university.
I certify that all information provided is accurate and correct.

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

Return this form with any attachments to:
Office of Financial Aid, Dallas Baptist University
3000 Mountain Creek Pkwy, Dallas, TX 75211
or Fax (214)3335586

Satisfactory Progress Appeal From

09/10

For Office of Financial Aid Use ONLY

APPEAL DECISION: Program(s) Suspended: \_\_\_ Federal \_\_\_ TEG Term/Year \_\_\_

Remarks: \_\_\_\_\_

Date Reviewed by: Director's Decision: Approved Denied
Date Referred to Committee: Committee Decision: Approved Denied

\_\_\_ SAPV \_\_\_ SAPC \_\_\_ SAPD Approval Letter \_\_\_ Denial Letter \_\_\_ Date Letter Sent \_\_\_