



# Federal Aid Suspension Appeal Form

Submit this form along with documentation as described below.  
You will be notified of the Appeal Committee's decision within two weeks.

Student Name \_\_\_\_\_ Student ID: A \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### Definition of Student Academic Progress Requirements:

**GPA:** Students must maintain a minimum GPA based on grade level:  
Hours Earned 0 - 64 Minimum GPA = 1.9      Hours Earned 65 + Minimum GPA = 2.0  
Graduate Student Minimum GPA = 3.0  
**Completion Ratio:** A ratio determined by dividing a students earned hours by their attempted hours  
Students must maintain a 67 % completion ratio.  
**Maximum Time Frame:** 150% of normal credits required (192 for bachelors degree)

### Appeal of Suspension due to Extenuating Circumstance:

\_\_\_\_\_ I request to appeal my being placed on suspension of my federal aid eligibility. I believe there have been extenuating circumstances or other justifiable reasons why I did not make satisfactory academic progress.

\_\_\_\_\_ Term /Year Requested ( Example : Fall 2014, Spring 2015 )

### IMPORTANT

**ALL of the following items must be attached for an appeal of financial aid suspension to be considered. If one or more of the items is incomplete, your appeal will automatically be denied.**

1. A written and signed explanation of **BOTH**:
  - a) unusual or mitigating circumstances that you believe prevented or hindered you in making satisfactory academic progress; **AND**
  - b) what has changed, or corrective actions or steps being taken, to prevent future problems.
2. Supporting documentation 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 federal 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 federal aid or being granted a waiver does not waive my responsibility to pay the debt I owe to the University of Alabama in Huntsville.

I certify that all information provided is accurate and correct.

If my appeal is approved, I agree to adhere to the requirements of an academic plan as prescribed by the UAH Office of Student Financial Services.

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

\_\_\_\_\_  
Date

### Return this form with documentation to:

**The University of Alabama in Huntsville Student Financial Services, UC 212, Huntsville, Alabama  
35899 Fax: 256-824-6212**

### **For the Use of the Office of Student Financial Services ONLY**

#### APPEAL DECISION

Term/ Year \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Reviewed by \_\_\_\_\_

Director's Decision:    Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date Referred to Committee: \_\_\_\_\_

Committee Decision :    Approved \_\_\_\_\_ Denied \_\_\_\_\_