



# Academic/Financial Aid Reinstatement Appeal

Student Name: \_\_\_\_\_

Star ID: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

\_\_\_\_\_

Semester you plan to return: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Campus/Site:  Canby/Online  Granite Falls  Jackson  Luverne  Pipestone  Worthington

**I am appealing the following Suspension(s): Check all that apply.**

**Academic Suspension**     **Financial Aid Suspension**

### Appeal Checklist:

- Letter of Appeal - Type, sign and date a letter explaining the circumstances that led to your suspension and what plans you have made to resolve the circumstances.
- 3<sup>rd</sup> Party Documentation – Attach documentation from a professional (doctor, clergy, counselor, etc.) that can verify this information.
- Education Plan completed with advisor – Attach a signed copy.
- Unofficial Transcript

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

\_\_\_\_\_  
Date

I understand I must maintain a minimum semester GPA of 2.5 or higher and completion of 75% or higher until S.A.P. standards are met.

\_\_\_\_\_  
Instructor/Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comments

Submit this form and appropriate attachments (as indicated above) to your Student Services Advisor. **\*Academic approval does not guarantee financial aid reinstatement as they are separate decisions.\***

### Academic Reinstatement

\_\_\_\_\_  
Administrator  Approved  Denied \_\_\_\_\_  
Date

Conditions/Comments: \_\_\_\_\_

### Financial Aid Reinstatement

\_\_\_\_\_  
Financial Aid Director  Approved  Denied \_\_\_\_\_  
Date

Comments: \_\_\_\_\_