

INSTRUCTIONS FOR COMPLETING THE FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FOR REINSTATEMENT OF ELIGIBILITY

The attached form is to be completed if you have been denied financial aid and wish to request that your extenuating or unusual circumstances be considered in order to have financial aid reinstated.

BEFORE SUBMITTING YOUR APPEAL

- You must complete a Free Application for Federal Student Aid (FAFSA) for the semester you are requesting reinstatement of financial aid.
- You must be admitted, degree-seeking student at Lewis-Clark State College.
- You must be registered for the semester for which you are requesting reinstatement of financial aid.

SUBMITTING YOUR APPEAL

- Complete all sections of the appeal form. **Make sure you attach documentation to support your appeal (medical records, physician statement, death notice, etc.)** *Appeals will not be reviewed without proper documentation.*
- Meet with your advisor to review your class schedule for the period you are denied. Register for the **advisor**-approved classes, and attach a copy of your advisor-approved degree plan to the appeal form. The degree plan must be signed and approved by your advisor.
- Return your completed appeal form, supporting documentation, and advisor-approved class schedule, to: LCSC Financial Aid Office, RCH Rm.208, 500 8th Avenue, Lewiston, ID 83501, or fax to (208)792-2063.
- **DEADLINE:** You must submit your completed appeal no later than the first Friday of the semester for which you are requesting reinstatement of your financial aid.

AFTER YOU SUBMIT YOUR APPEAL

- You will receive a written decision on your appeal.
- If your appeal is approved, you will be placed on a financial aid academic plan and your financial aid will be reinstated. The Financial Aid Academic Plan is the same as the academic plan you submitted with your appeal.
- You are responsible for meeting the terms of your academic plan. You will be denied future financial aid if you do not meet the terms of your academic plan.
- After your signed advisor-approved academic plan is received, we will continue processing your application. If you have not received a determination of your award, you may be required to submit additional information before an award will be determined. If you have already been awarded, the funds will be available to you based on the disbursement schedule of Lewis-Clark State College.
- If your appeal is denied you may meet with the Campus Appeal Committee. If you choose to meet with the committee, you should schedule an appointment immediately with the Campus Petition Committee: Administrative Assistant in MTB 101 (208)792-2225. In the committee meeting, you will be given an opportunity to explain your appeal further and to submit additional information. The Appeal Committee will make the final decision to approve or deny your appeal. You will be advised in writing of all decisions related to your appeal.

LEWIS CLARK STATE COLLEGE SATISFACTORY ACADEMIC PROGRESS APPEAL FOR REINSTATEMENT OF ELIGIBILITY

You have been denied financial aid because you did not meet the Satisfactory Academic Progress requirements. To be considered for reinstatement you must provide **documentation** that supports unusual and/or extenuating circumstances, your signed advisor – approved academic plan and this form.

If your **supporting documentation** demonstrates acceptable, unusual and/or extenuating circumstances, your appeal may be approved. Submit all documentation to:

LCSC Financial Aid Office
500 8th Ave. RCH Rm. 208
Lewiston, Idaho 83501

Student Name: _____ LCSC ID#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

You **must** complete all items:

1. For what semester are you requesting financial aid reinstatement? (Enter year)

Fall: _____ Spring: _____ Summer: _____

2. Provide the following:

a. Your current degree or certificate objective: _____

b. Your current grade level: _____ (i.e. freshman, sophomore, etc.)

c. Your anticipated graduation date: _____ (Month, Year)

3. Attach a letter detailing the unusual and/or extenuating circumstances which prohibited you from meeting the satisfactory academic progress requirements. Be as specific as possible. You must attach documentation to support your appeal.

4. Meet with your academic advisor to review your class schedule for the period you are requesting your aid to be reinstated.

5. Register for the advisor–approved classes.

6. Attach your signed advisor-approved satisfactory progress academic plan and letter of explanation to this form.

Certification and Contract:

I certify that the information contained in this appeal and supporting documentation is accurate and complete to the best of my knowledge. I understand that I may be asked to provide additional documentation. I understand that any false information could result in denial, reduction, and/or immediate repayment of financial aid.

If my appeal is approved, I agree to pass all the classes outlined on my advisor-approved schedule for the appealed semester with a 2.0 cum. GPA or higher if required. If I do not meet these terms, I will be denied financial aid for future semesters.

Student Signature: _____ Date: _____

SATISFACTORY ACADEMIC PROGRESS PLAN ELIGIBILITY REINSTATEMENT

Purpose: You have been denied financial aid because you have not met the financial aid satisfactory progress requirements. In order to evaluate if federal financial aid can be reinstated, the LCSC Financial Aid Office must verify the exact credit and course requirements needed to complete the stated degree or certificate objective. Please return this completed form with your written appeal form and documentation to: LCSC Financial Aid Office
500 8th Ave. RCH Rm. 208
Lewiston, Idaho 83501

Student Name: _____ LCSC ID#: _____

Major: _____ Degree or Certificate: _____

Student: In order to determine how many credits, semesters, and cumulative GPA you need to be compliant, complete this form by identifying your schedule of requirements (general education, major, minor, electives, upper division, etc.). With the help of your academic advisor, identify the semester in which you plan to take the course.

Academic Advisor: Please identify in which semester the student should take each course. After this plan is completed, please review and sign it verifying that all remaining credits and specific classes needed for the student to be making satisfactory academic progress. Please make sure only those classes necessary to graduate are listed.

Anticipated Graduation Date: _____

FALL SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

SPRING SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

FALL SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

SPRING SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

I have met with this student and verify the classes listed here are needed to graduate in the identified major.

I confirm that only those classes necessary to graduate are listed.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____

I have met with my academic advisor and agree to register for the classes listed. I understand I must have a minimum cumulative grade point average (GPA) of 2.0 at the end of my plan.

Student Name (print): _____

Student Signature: _____ Date: _____