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

Complete this form if you have been denied Federal Financial Aid and wish to request reinstatement of your Financial Aid based on extenuating or unusual circumstances.

BEFORE SUBMITTING YOUR APPEAL

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

SUBMITTING YOUR APPEAL

- Complete all sections of the appeal form. Be sure to attach a signed detailed letter of explanation and any supporting documentation (medical records, physician statement, death notice, etc.) Incomplete and/or unsigned appeals will not be reviewed.
- Meet with your advisor to review your course schedule for the term you are requesting reinstatement. Register for the advisor-approved courses. Attach a copy of your advisor-approved Academic Plan to this appeal form. The Academic Plan must be approved and signed by your advisor.
- Return your completed appeal form, letter of explanation, supporting documentation, and advisor-approved Academic Plan, to: LCSC Financial Aid Office, RCH Rm.110, 500 8th Avenue, Lewiston, ID 83501, or fax to (208)792-2063.
- **DEADLINE:** Submit your completed appeal no later than the first Friday of the semester for which you are requesting reinstatement of your financial aid. *Incomplete appeals will not be reviewed.*

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 eligibility will be reinstated. The Financial Aid Academic Plan is the same as the Academic Plan you submit 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.
- If your petition is approved, we will continue processing your Financial Aid application. If you have not received an Award Letter, 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 have the option to appeal to the Campus Petition Committee. If you choose to meet with the committee, you should schedule an appointment immediately with the Campus Petition Committee by contacting the Administrative Assistant in Admissions in Reid Centennial Hall Admissions Office Room 102 (208)792-2210. In the committee meeting, you will be given an opportunity to explain your appeal further and submit additional information. The Petition 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.
- **Withdrawing from any or all courses while on an Academic Plan will result in failing the Academic Plan and loss of eligibility.**
LEWIS CLARK STATE COLLEGE SATISFACTORY ACADEMIC PROGRESS APPEAL FOR REINSTATEMENT OF ELIGIBILITY

You have been denied financial aid because you did not meet one or more of the Satisfactory Academic Progress requirements. To request reinstatement you must provide a signed letter of explanation, documentation that supports unusual and/or extenuating circumstances, your signed advisor-approved Academic Plan and this form. Submit all documentation to: LCSC Financial Aid Office 500 8th Ave. RCH Rm. 110, Lewiston, Idaho 83501

Student Name: _________________________________________ LCSC ID#:____________________
Mailing Address: _____________________________________________
City: __________________________________ State:______________ Zip:__________
Home phone: ___________________________ Cell: __________________________

You must complete all items:

1. Provide the semester for which you are 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: ______________________ (e.g. freshman, sophomore, etc.)
   c. Your anticipated graduation date: ______________________ (Month, Year)
3. Attach a signed 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 supporting documentation.
4. Meet with your academic advisor to review your course schedule for the term for which you are requesting reinstatement.
5. Register for the advisor-approved courses.
6. Attach your signed advisor-approved Satisfactory Progress Academic Plan, letter of explanation and supporting documentation to this form.

Certification and Contract:

I certify the information contained in this appeal and supporting documentation is accurate and complete to the best of my knowledge. I understand I may be asked to provide additional documentation. I understand provide false information could result in denial, reduction, and/or immediate repayment of financial aid. If my appeal is approved, I agree to pass all of the courses outlined on my advisor-approved academic plan for the approved semester, maintain a 2.0 GPA each semester, and have a 2.0 cumulative GPA at the end of my academic plan. Withdrawing from courses while on an Academic Plan will result in failing the Academic Plan and loss of eligibility.

Student Signature: __________________________ Date: __________________

LCSC is an Equal Opportunity Provider, all forms are available in alternative formats to assist persons with disabilities. Please give reasonable notice to the Financial Aid Office. TTY 800-377-3529
Satisfactory Academic Progress Plan
Eligibility Reinstatement

Purpose: You have been denied financial aid because you have not met the financial aid satisfactory academic progress requirements. In order to evaluate if federal financial aid can be reinstated, the LCSC Financial Aid Office must verify how many credits, semesters, and cumulative GPA you need to be compliant for the stated degree or certificate objective. Please return this completed form: LCSC Financial Aid Office 500 8th Ave. RCH Rm. 110 Lewiston, Idaho 83501

Student Name: __________________________________________ LCSC ID#:__________________________

Major: __________________________ Degree or Certificate: __________________________

Student: With the help of your academic advisor, identify the courses required for your degree and the term during which you will take each course for two or more semesters (general education, major, minor, electives, upper division, etc.).

Academic Advisor: After this plan is completed, please review and sign it verifying you approve the course schedule that all courses listed are needed for the student to graduate.

Anticipated Graduation Date: __________________

<table>
<thead>
<tr>
<th>FALL SEMESTER: ____________</th>
<th>SPRING SEMESTER: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPT NUMBER</td>
<td>COURSE TITLE</td>
</tr>
<tr>
<td>________________</td>
<td>____________</td>
</tr>
<tr>
<td>________________</td>
<td>____________</td>
</tr>
<tr>
<td>________________</td>
<td>____________</td>
</tr>
<tr>
<td>________________</td>
<td>____________</td>
</tr>
</tbody>
</table>

I have met with this student and verify the courses listed above are needed to complete in the identified major.

Advisor Name (print): ____________________________ Phone: ____________________________

Advisor Signature: ____________________________ Date: ______________________

I have met with my academic advisor and agree to register for the courses listed. I understand I must have a minimum grade point average (GPA) of 2.0 at the end of each semester and I must have a cumulative 2.0 GPA at the end of my plan. I understand withdrawing from courses while on an Academic Plan will result in failing the Academic plan and the loss of eligibility.

Student Name (print): __________________________________________

Student Signature: __________________________________________ Date: ______________________