



Financial Aid Suspension Appeal Request

RAPAP

Term: _____

Aid Year _____

You have the right to appeal your financial aid suspension if you feel there were circumstances in your life that adversely affected your academic performance at OSU Institute of Technology (extenuating or unforeseen circumstances e.g., extended illness, death in the family, divorce, etc.) The Appeals Committee will review your request and notify you of the decision via the address and/or e-mail listed on your appeal form. ***The committee considering your appeal expects your appeal to include the following:***

- This completed Financial Aid Suspension Appeal Request form.
- If you are currently enrolled in classes, verify with your instructors that you are participating in your courses. If they prefer, they can e-mail osuitfinancialaid@okstate.edu.
- A typed description of the circumstances that you believe played a role in your not making satisfactory academic progress.
- Any documentation supporting your appeal (statements from an advisor, physician, etc.). **If you possess supporting documentation and choose not to submit it, your appeal may be denied due to a lack of documentation.** OSU Institute of Technology ensures the privacy and safeguarding of all financial aid information submitted.
- Please refer to our Satisfactory Academic Progress Policy at <https://osuit.edu/financial-aid/policies.php>
- If your suspension was due to exceeding the maximum number of hours to complete your degree, you **must include the Remaining Hours Required for Degree Completion Form**, completed and signed by your advisor as well as a copy of your **degree audit** which can be obtained from your academic advisor. If you have other academic work that is not reflected on your OSU transcript, you must provide a transcript from those other institutions. Appeals will not be considered until all required forms have been submitted.

Decisions on Your Appeal:

Once your appeal has been reviewed by the Financial Aid Appeals Committee, you will be notified of one of the following:

- Your appeal is denied – you will not be eligible for financial aid for the term you are appealing.
 - Once you have reached the standard for Satisfactory Academic Progress, you may notify the Committee in writing to reinstate your financial aid.
- Your appeal is approved, and you are placed on Probation.
 - You must meet Satisfactory Academic Progress at the end of the appealed semester or will be placed back on suspension.
 - **67% completion rate (PACE) with a Cumulative Graduate/Retention G.P.A of 2.0 OR 2.5 ITD/ETD.**
- Your appeal will be approved; however, you may be required to make an appointment with an Advisor to develop an individual Academic Plan designed for you to follow to progress toward graduation. Failure to meet the terms of the academic plan will place you back on suspension.

Instructions:

1. **Deadline:** The Appeals Committee will make every effort to make appeal decisions **before the date to withdraw without incurring charges**; however, you should be prepared to be responsible for the charges or withdraw by the published date. The committee will meet no less than twice a trimester.
2. Be sure to attach a typed statement.
3. If you are appealing due to exceeding or about to exceed your maximum time frame, you should submit a (MXHR) **Remaining Hours Required for Degree Completion form evaluated by your Academic Advisor along with a copy of your degree audit.**
4. **Return all required documents to the OSUIT Financial Aid & Scholarships Office, fax them to (918) 293-4650, or upload them securely on your financial aid portal at my.okstate.edu.**
5. You will be notified of the committee's decision via your institution email when the review of your appeal is complete.

Please return form to:

OSUIT Financial Aid & Scholarships

1801 E. 4th St., Grady Clack Bldg., Okmulgee, OK 74447

918.293.4684 | 918.293.4650 (fax) | osuitfinancialaid@okstate.edu | <https://osuit.edu/financial-aid/index.php>



INSTITUTE OF
TECHNOLOGY

Financial Aid Suspension Appeal Request

RAPAP

Term: _____

Aid Year _____

Name _____ CWID _____

Address _____ City _____ ST _____ Zip _____

Contact Phone #: _____ Email: _____

Current Program/Major _____ Anticipated Graduation Date _____

What term are you appealing for financial aid? (Please circle one term).

Fall Semester Spring Semester Summer Semester Not currently enrolled/future semester enrollment

- 1. What extenuating circumstances have kept you from meeting your Satisfactory Academic Progress requirements? Indicate the reasons.** (Examples include hospitalization or extended illness, divorce, death of an immediate family member, returning to school after an extended period, etc.) **You should attach documentation to support any claims of extenuating circumstances, when appropriate** (e.g. Letter/document confirming medical treatment, confirmation of death of family members, divorce decree, etc.)

Do not write in this box. ***Attach a typed statement explaining your situation.

- 2. What changes have occurred or do you plan to implement that will enable you to meet Satisfactory Academic Progress requirements?**

Do not write in this box. ***Attach a typed statement explaining what you will do differently to reach and maintain SAP standards. Meeting with your academic advisor may be a requirement.

Initial each statement:

_____ I understand that the submittal of an appeal does not guarantee approval.

_____ I understand I am allowed only one appeal per trimester.

_____ I understand the decision of the appeal committee is final.

_____ I understand that all documentation I have submitted becomes the property of the Office of Financial Aid & Scholarships. I have attached copies I no longer need that may be destroyed.

Signature: _____ Date: _____

Financial Aid & Scholarships Office Use Only:

Action Taken: [] Approved [] Disapproved Date: _____

Comments: _____

Signature: _____ Title: _____

Please return form to:

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