

## 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:**

- 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.



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| ame   |   | _CWID  |  |              |                                      |  |  |
|---|---|--|--|--------------|--------------------------------------|--|--|
| ddress  |   | City   |  | ST           |                                      |  |  |
| ontact Phone #:   |   | Email:   |  |              | <u>_</u>                             |  |  |
| rrent Program/M   | lajor   | Anti   | ipated Graduatio   | n Date       |                                      |  |  |
| hat term are you  | appealing for financial aid?  | (Please circle one term  | ).   |              |                                      |  |  |
| ll Semester   | Spring Semester   | Summer Semester  | Not currently  | enrolled/fu  | uture semester enrollmer             |  |  |
| Indicate the re<br>member, retur<br>extenuating cir<br>of family memi | easons. (Examples include hose ining to school after an extend rcumstances, when appropriates, divorce decree, etc.)  his box. ***Attach a typed sta          | pitalization or extended il<br>led period, etc.) <b>You shou</b><br>lete (e.g. Letter/document | ness, divorce, dea<br>Id attach docume<br>confirming medic | nth of an im | mediate family support any claims of |  |  |
| <b>Progress requi</b> Do not write in th                              | nanges have occurred or do your rements?  his box. ***Attach a typed staining with your academic adviso   | tement explaining what y   | ·  |              | ·                                    |  |  |
| I understand<br>I understand<br>I understand<br>ve attached copie     | ement: that the submittal of an apper I am allowed only one appeal the decision of the appeal co that all documentation I have es I no longer need that may I | I per trimester.<br>mmittee is final.<br>e submitted becomes the<br>be destroyed.              | property of the C  |              | ancial Aid & Scholarships            |  |  |
| ;nature   |   |  |  | bate         |                                      |  |  |
| nancial Aid & Scho  | olarships Office Use Only:  |  |  |              |                                      |  |  |
| tion Taken:   | [] Approved   | [] Disapprove  | d Date   | :            | _                                    |  |  |
| mments:   |   |  |  |              |                                      |  |  |
|   |   |  |  |              |                                      |  |  |
| Signature:  |   | Title:   |  |              |                                      |  |  |

Please return form to: