



Financial Aid Office
101 Braddock Road
Frostburg MD 21532
Phone: 301-687-4301
Fax: 301-687-7074

Financial Aid Appeal/Academic Plan Worksheet 2011-2012

Name: _____

Student ID: _____ Phone: (_____) _____ - _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Check this box if this is a new address

Semester you are appealing (circle only one): Fall Spring Summer Year: _____

After reviewing the Satisfactory Academic Progress Standards (see enclosed), you will need to decide if you meet the criteria to appeal.

The appeal process requires that you:

- **Attach a TYPED letter explaining 1) the extenuating circumstances that prevented you from meeting the academic standards and 2) the steps planned to ensure future success.** (You should address the unsatisfactory performance for all semesters that caused you to lose financial aid eligibility. You must submit appropriate third party documentation with this appeal.)
- **Complete the Academic Plan Worksheet** (You may wish to consult your academic advisor to complete the worksheet. It is very important that this plan is outlined through graduation so the Appeals Committee can evaluate the required courses and semesters needed in your plan.)

Submit completed Appeal/Academic Plan Worksheet and required documentation to the Financial Aid Office prior to the appeal submission deadline.

1. I certify that all of the information provided in this appeal is true and correct.
2. I understand that appeals without sufficient documentation or any falsified information will be automatically denied.
3. I have completed all the above required documents.
4. I understand any incomplete information will cause delays in the processing of my appeal.
5. I understand that I will receive the results of my appeal through the mail.
6. I understand that the decision of the Appeals Committee is final and that I may only appeal once per term.

Student Signature: _____ Date: _____



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Academic Plan Worksheet 2011-2012

THIS PORTION OF THE FORM MAY NEED TO BE COMPLETED **WITH** YOUR ACADEMIC ADVISOR.
 PLEASE COMPLETE EVERY ITEM ON BOTH PAGES OR THIS FORM WILL BE CONSIDERED
 INCOMPLETE AND WILL DELAY IN THE PROCESS OF YOUR APPEAL.

Student: _____

ID: _____

Current Program/Major: _____

Graduation Date: _____

Fill in one box for each semester that you have yet to complete towards your indicated program/major.

Things to consider:

You may need additional paper if you have more than five semesters to graduate.

You must enroll for only the classes that are necessary to complete your identified program.

Verify you are in the right major.

Be sure to make a copy of your plan so you can use it to track your academic progress.

Semester _____ Course _____ _____ _____ _____	Year _____ Credits _____ _____ _____ _____ Total Credits: _____
Semester _____ Course _____ _____ _____ _____	Year _____ Credits _____ _____ _____ _____ Total Credits: _____
Semester _____ Course _____ _____ _____ _____	Year _____ Credits _____ _____ _____ _____ Total Credits: _____

Semester _____ Course _____ _____ _____ _____	Year _____ Credits _____ _____ _____ _____ Total Credits: _____
Semester _____ Course _____ _____ _____ _____	Year _____ Credits _____ _____ _____ _____ Total Credits: _____
Semester _____ Course _____ _____ _____ _____	Year _____ Credits _____ _____ _____ _____ Total Credits: _____

Total Credits for Degree (must total at least 120)	Total Previously Earn Credits in Program	Total Credits Remaining
<i>(minus)</i>		=

We (*student/advisor*) have completed the above requested information to the best of our knowledge and we know that this information will be used when evaluating the student's financial aid appeal request.

Student Signature: _____ **Date:** _____

Advisor Signature (not required): _____ **Date:** _____

Return this form and all documentation to:

MAIL

OR

FAX

**Frostburg State University
101 Braddock Road
Frostburg, MD 21532**

(301) 687-7074