To appeal the suspension of your financial aid please complete the steps below. Appeals submitted after the priority deadline may take up to 3 weeks for review. If the deadline falls on a weekend or holiday, you must submit no later than the following business day. You are responsible for meeting any payment deadlines while waiting on the decision of an appeal.

Step 1: You may appeal the suspension of your financial aid if one of the following occurred preventing you from meeting Satisfactory Academic Progress (SAP) standards. Please select which one applies.

☐ Injury or illness to you  ☐ Death of an immediate relative  ☐ Other extenuating circumstances (This includes, but is not limited to, a natural disaster or pandemic.)

Step 2: Submit the following two items in addition to this completed worksheet. Incomplete appeals will be denied.

1. A typed letter that explains (1) What specifically happened that prevented you from meeting the required SAP standard? AND (2) What has changed that will allow you to make satisfactory progress at your next evaluation?

**IMPORTANT**: If you were unable to meet Satisfactory Academic Progress standards as a result of the corona virus pandemic, you may skip item 2 below and proceed to Step 3.

2. Supporting documentation to support your letter of explanation, (i.e.: letter from physician, counselor, therapist, academic advisor, hospital documentation, etc.)

Step 3: Student Certification and Signature: By signing below, I certify that the information contained in my appeal is true. I have read the Satisfactory Academic Progress Policy and understand that I will be placed on an academic plan if my appeal is approved. I understand that failing to meet the conditions of the academic plan will result in the denial of financial aid. If my appeal is denied, I understand that I may request to have my appeal reviewed by the Financial Aid Appeal Committee by submitting an email to financialaid@lamar.edu.

Student Name ___________________________  LU ID ___________________________

Student Signature ___________________________  Date ___________________________

Last Revision 9/3/2020