Financial Aid Satisfactory Academic Progress Appeal

700 East Seventh Street Saint Paul, MN 55106-5000



1.) Student Information				
Name:	Name: Student ID:			
Address:				
E-Mail Address:	emy.metrostate.edu	City	Telephone:	State/Zip Code
Program. Students have the right t completing the following applicab	uspension, you are not eligible to recomment of appeal suspension based on unusurale requirements. Do NOT plagiarize for the Academic Integrity Policy, and Progress Appeal Requirements.	al d ang d w	or extenuating circun uage from the interr ill result in immediat	nstances and may do so by net or any other sources in
lwish to appeal my financia	al aid suspension for the follow d grades taken at Metropolitan Sta	ing	reason (check wl	• •
a.) A signed statemen number of credits	the maximum attempted credit lim nt explaining why you were not able needed for the degree program AN s needed to complete your degree o	to o	complete your degre	ee within 150% of the
affectedbymymilitaryse	tivation and I will include a copy of ervice cumstances and I will include the		•	mester(s) which were
a.) A signed statement -why you were -what has char -an academic and academic b.) A statement from a verify your circumstanc must be on a letterhea c.) Copies of any docur	texplaining the following: e not able to maintain the required min nged to allow you to be successful in y plan showing how you plan to obtain c satisfactory progress requirements; third-party (social worker, health care ces and how they affected your ability	nim our and ANI e pro to p	um GPA and/or mining future class(es), dimaintain the minime Dofessional, friend, etc. erform in your class(els, a police report, and	um financial aid .) who can es); Professional statements obituary notice, or
and/or incomplete forms will be	•	ces	sing. If this appeal	is denied, you will not
Signature:			Date:	
Please return this appeal, statem Attn: Financial Aid Office Metropolitan State University	nent and documentation to:		Р	hone: 651-793-1300 Fax: 651-642-0636