Financial Aid Satisfactory Academic Progress Appeal

Metropolitan State University
FINANCIAL AID OFFICE

1.) Student Information

Name: _____ Student ID: _____

Address: _____
City State/Zip Code

E-Mail Address: _____@my.metrostate.edu Telephone: _____

If you are placed on Financial Aid Suspension, you are not eligible to receive financial aid from any Federal or State Program. Students have the right to appeal suspension based on unusual or extenuating circumstances and may do so by completing the following applicable requirements. Do NOT plagiarize language from the internet or any other sources in your appeal; doing so is a violation of the Academic Integrity Policy, and will result in immediate denial of your appeal.

2.) Satisfactory Academic Progress Appeal Requirements

I wish to appeal my financial aid suspension for the following reason (check what applies):

☐ Based on new or updated grades taken at Metropolitan State University (which increase cumulative gpa to meet or exceed minimum standards)

☐ Because I have reached the maximum attempted credit limit **and I will include the following:**

a.) A signed statement explaining why you were not able to complete your degree within 150% of the number of credits needed for the degree program **AND**

b.) A list of the courses needed to complete your degree or a degree audit report.

☐ Based on my military activation **and I will include a copy of my orders** for the semester(s) which were affected by my military service

☐ Based on extenuating circumstances **and I will include the following:**

a.) A signed statement explaining the following:

-why you were not able to maintain the required minimum GPA and/or minimum completion rate,

-what has changed to allow you to be successful in your future class(es),

-an academic plan showing how you plan to obtain and maintain the minimum financial aid and academic satisfactory progress requirements; **AND**

b.) A statement from a third-party (social worker, health care professional, friend, etc.) who can verify your circumstances and how they affected your ability to perform in your class(es); Professional statements must be on a letterhead**; AND/OR**

c.) Copies of any documents that support the appeal such as bills, a police report, an obituary notice, or other self-validating documents. *Do not attach originals. All documents provided become a part of educational records.*

Decisions will be communicated in writing by USPS within 30 business days. Insufficient documentation and/or incomplete forms will be returned to you and will delay processing. If this appeal is denied, you will not receive financial aid until you meet the minimum academic standards as stated in the satisfactory academic progress policy. To review the policy in full, visit our web site at:
https://www.metrostate.edu/finances/aid/policies/sap

Signature: X _____ **Date:** _____

Please return this appeal, statement and documentation to:

Attn: Financial Aid Office
Metropolitan State University
700 East Seventh Street
Saint Paul, MN 55106-5000

Phone: 651-793-1300
Fax: 651-793-1532

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