# The University of Montana Western

## *Financial Aid Appeals Form*

***For appealing Financial Aid Suspension or Duration of Eligibility/Pace.***

**Submit this form with appropriate documentation to the Financial Aid Office:**

1. What **extenuating circumstances** prohibited your academic progress?
   _____
   _____
   _____

   - **Attach a letter specifically explaining your extenuating circumstances**
   - **Attach documentation of your extenuating circumstances**
   - **If on-going medical issues are your extenuating circumstances, a letter from a doctor indicating your ability to resume your studies should be attached.**

2. Provide a working copy of academic transcript and current course schedule (if student is enrolled- these are available free of charge, from the Register's Office).

3. Complete the Plan of Study (below) with your advisor listing the courses you will take in each semester of the current academic year. Your advisor must sign the Plan of Study if attached.

***Plan of Study***

| Term | Courses | Credits | Term | Courses | Credits |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Total: | | | Total: |

_____ _____
(Major/Minor) (Anticipated Graduation Date)

Name:_____ Last term attended: _____

Semester you are appealing to receive aid for: _____

ID #:_____ Phone #:_____ Cell #:_____

Student's Signature:_____ Date:_____

Advisor's Signature (required):_____ Date:_____

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| **OFFICE USE ONLY** | **Conditions** | **Approve** | **Deny** |
|---|---|---|---|
| GPA:_____ | ____ PROBATION | 1._____ | 1._____ |
| CUM. CR._____ | ____PLAN & TERMS | 2._____ | 2._____ |
| GRADE LEVEL:_____ | (attach contract) | 3._____ | 3._____ |
| | | 4._____ | 4._____ |