

## Appeal Checklist

Name: \_\_\_\_\_

Student ID/Star ID: \_\_\_\_\_

- Student Appeal Form**
- Appeal/Petition for Reinstatement of Financial Aid**
- Letter**
  - What are they asking for
  - What happened that they were not successful (extenuating circumstances explained)
  - What has changed that they can be successful if appeal is approved
- Documentation of circumstances (examples)**
  - Letter from medical provider
  - Obituary
- Academic Improvement Plan Completed**
  - This now serves as the “Satisfactory Conditions Form” also so it is very important that the “terms and conditions” portion on the front page be completed.
  - Transcript and DARS attached
- Previous appeal copies when appropriate**

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