ILLINOIS STATE UNIVERSITY
Financial Aid Office
Satisfactory Academic Progress Appeal Form

NAME ___________________________ UNIVERSITY I.D. NUMBER __________________

ADDRESS

(to which result should be sent) street city state ZIP

Check one: Undergraduate ☐ Graduate ☐ LOCAL PHONE NUMBER _____ - ________

Term for which you are requesting reinstatement (check one): Email address___________________________

☐ Fall Year _____ Expected Date of Graduation _______________

☐ Spring

☐ Summer

BASIS FOR APPEAL. Please provide an explanation; include all information that supports your appeal. Explain if there were any grade changes. Be specific in explaining why the minimum number of academic hours was not earned. You will not have an opportunity to provide additional information in person. Be concise and clear. Attach documentation of any unusual circumstances (i.e., doctor or hospital bills, death certificate, etc.) to this form. Students must also submit a Progress towards My Degree/Plan of Study with their Satisfactory Academic Progress appeal.

1. Go to My.illinoisState.edu
2. Log in
3. Click on the Academics tab
4. Click on Progress Towards my Degree
5. Click on Academic Progress
6. You will see an option that says to "view report as a PDF"
7. Print and submit a copy of the report with this appeal.

Please review, complete, and return this form and required documentation using one of the following methods.

- Upload the completed original form at: my.illinoisstate.edu
- FAX to: (309) 438-3755
- mail to: Financial Aid Office, Campus Box 2320, Normal, IL 61790-2320

If you have questions about completing this form, call the Illinois State University Financial Aid Office at (309) 438-2231 or e-mail financialaid@IllinoisState.edu.

--- FOR OFFICE USE ONLY ---

Previous Appeal Approved: Y ☐ N ☐
FAO Staff Signature ___________________________ Date ____________

Percent completed _______ Undergrad. > 180 hrs. ☐ Grad. > 75 hrs. ☐

Appeal Approved / Appeal Denied

Codes: ______________________________________________________

_____________________________ EMPL ID ___________________________
Reviewer Signature Date

2023-2024 Satisfactory Academic Progress Appeal Form.doc