ILLAinois State University
Financial Aid Office
Satisfactory Academic Progress Appeal Form

NAME ____________________________________ UNIVERSITY I.D. NUMBER _____ - _____ - _______

ADDRESS ____________________________________________________________
(to which result should be sent) ______________ ______________ ______________

Check one: Undergraduate ☐ Graduate ☐ LOCAL PHONE NUMBER _____ - ______.

Term for which you are requesting reinstatement (check one):
___Fall Year ___
___Spring
___Summer

Mail to: ILLINOIS STATE UNIVERSITY or Return to: Financial Aid Office
Financial Aid Office
Campus Box 2320
Normal IL 61790-2320

BASIS FOR APPEAL. Please provide all information that supports your appeal. Explain if there were any grade changes. Be specific in explaining why the minimum number of academic hours were 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. Use additional pages if needed.

FOR OFFICE USE ONLY

Previous Appeal Approved: Y N

Appeal Approved / Appeal Denied

Comments: ____________________________________________________________

______________________________________________________________

Reviewer Signature Date

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