

**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

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

or Return to:                      Financial Aid Office  
101 Hovey Hall

**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. Click on the Academics tab
3. Click on Progress Towards my Degree
4. Log In
5. Click on Student Services Center
6. Click on the dropdown box on the left had side of the page. Scroll down to Academic Requirements in the box.
7. After you run the report, you will see an option that says to "view as a PDF" (button). Click on the button and save as a PDF.
8. Print and submit a copy of the report with this appeal.

----- 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: \_\_\_\_\_

\_\_\_\_\_  
Reviewer Signature                      Date

EMPL ID \_\_\_\_\_