2022-2023
Satisfactory Academic Progress
Financial Aid Suspension
Appeal Form

Office of Financial Aid

Student's Full Name _____ Student ID# _____ Anticipated Graduation Date _____

Daytime Phone# _____ Major _____ Email Address _____

Reason for Appeal: ☐ Medical ☐ Personal Emergency ☐ Other _____

By signing this form, you are requesting that your federal aid be reinstated for the next term of enrollment if the appeal is granted.

Directions: Please fill out the form below and return to USW. Please be sure to detail your circumstances and clearly state the three ways you plan to ensure your future success at USW. You will be contacted by email regarding the decision of your appeal, so please ensure your email address is clearly legible above.

Describe the extenuating circumstances that impacted your academic performance:

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Explain, in detail, at least three ways you plan to ensure your future academic success:

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By signing this worksheet, I certify that all the information reported is complete and correct. Because this information may affect federal aid eligibility, purposely giving false or misleading information may cause you to be fined, sentenced to jail or both. Your signature must be hand written, not typed or electronic.

_____

Student Signature **Date**

University of the Southwest - Office of Financial Aid
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http://www.usw.edu/admissions/financial-aid