Academic/ Financial Aid Suspension Appeal Request

Name ___________________________________  Student ID _______________________________
Current Completion Rate ___________________  Current GPA _______________________________

To appeal a suspension you must submit this form and any documentation to the financial aid office in person, by mail, or fax (423-493-4497). The form and documentation must be received in the office by the deadline listed below or your case will be held until the next semester for review. Check the box below for the semester you are appealing your suspension:

☐ Fall Semester – by August 15th  ☐ Spring Semester  ☐ Summer Semester

I. Explain your extenuating circumstances (providing documentation if applicable).
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II. Explain how your situation has now changed
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III. Explain what steps you have taken or will take to ensure your academic success in the future.
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Student’s Signature ___________________________________  Date _________________________