

TENNESSEE TEMPLE UNIVERSITY

Office of Financial Aid

1815 UNION AVENUE/ CHATTANOOGA, TENNESSEE 37404
(800) 553-4050/ WWW.TNTEMPLE.EDU

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).

II. Explain how your situation has now changed

III. Explain what steps you have taken or will take to ensure your academic success in the future.

Student's Signature _____

Date _____