



**2011-2012**  
**Financial Aid Suspension**  
**Appeal Form**

**PURPOSE**

The purpose of this form is to appeal a Financial Aid Suspension resulting from insufficient academic progress. In the space below, you must clearly state why you were unable to make Satisfactory Academic Progress, and what has changed in your circumstances. The Financial Aid Office will review this form to determine if one semester of aid may be granted on a probationary term. If one more semester does not seem adequate for all Satisfactory Academic Progress requirements to be met, your appeal may be denied, or an Academic Plan may be given to you, which would specify certain goals that must be met and the time constraints regarding your goals.

Student Name \_\_\_\_\_ Biola ID# \_\_\_\_\_

1) Please explain the circumstances regarding your Insufficient Academic Progress (i.e. illness, death in the family, special circumstance, etc.) Attach a second page if necessary.

2) Please explain what has changed in your circumstances and why you will be able to improve your academic progress in the upcoming semesters/terms.) Attach a second page if necessary.


3) Has the Office of Academic Advising and Retention placed a limitation on how many units you may attempt in the upcoming semester(s)?

- YES       NO       I am not required to meet with the Office of Academic Advising & Retention

4) Please indicate how many units you intend to register for in the current and upcoming semesters:

Summer 2011	Fall 2011	Interterm 2012	Spring 2012
_____	_____	_____	_____
Summer 2012	Fall 2012	Interterm 2013	Spring 2013
_____	_____	_____	_____

**SIGNATURE**

 **PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE.** I have read the Purpose Box above, and understand that the Financial Aid Office will review this form to determine if I will be able to receive Financial Aid before my Academic Progress has improved.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_