



Office of Financial Aid
410.951.3636 (Telephone)
410.951.2551 (Fax)

APPEAL OF SUSPENSION

Last Name	First Name	Student ID#
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Student may appeal a suspension in writing using this form and answering the questions on this form. **The appeal must be based on: your injury or illness, the death of a relative, or other special circumstance.**

There are three possible outcomes to an appeal of suspension:

1. Uphold the suspension (deny the appeal)
2. Remove the suspension if it had been incorrectly imposed or
3. Offer the student probation (one semester)

Major: _____ Faculty Advisor: _____ Earned Credits: _____ Cumulative GPA: _____	Your Current Address: _____ _____ _____ Phone: _____
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For which academic term are you appealing? Fall_____ Spring_____ Summer_____

Your answers to the following questions **must be typed** and attached to this form. Both questions must be addressed and answered in your appeal.

1. **Please explain why you failed to make satisfactory academic progress.**
2. **Attach any documentation to support the reason for not maintaining Satisfactory Academic Progress.**
3. **What has changed in your situation that will allow you to make satisfactory progress in the forthcoming terms?**

I hereby certify that all the information provided to the Committee is correct. I am aware that any incorrect or withheld information can result in the denial of my appeal and the full enforcement of the suspension.

Student's Signature: _____ Date: _____

PLEASE RETURN THIS FORM AND YOUR APPEAL LETTER TO THE FINANCIAL AID OFFICE VIA FAX: 410.951.2551.

TIME FRAME: This form should not be submitted until you have received notification from the Office of Financial Aid of your suspension. Appeals are reviewed within 10 business days of receipt of all required documentation in the Financial Aid Office. Results will be sent to your CSU student email address.