



Academic/Financial Aid Reinstatement Appeal

Student Name: _____

Star ID: _____

Address: _____

Primary Phone: _____

Semester you plan to return: _____

Student Email Address: _____

Campus/Site: Canby/Online Granite Falls Jackson Luverne Pipestone Worthington

I am appealing the following Suspension(s): Check all that apply.

Academic Suspension **Financial Aid Suspension**

Appeal Checklist:

- Letter of Appeal - Type, sign and date a letter explaining the circumstances that led to your suspension and what plans you have made to resolve the circumstances.
- 3rd Party Documentation – Attach documentation from a professional (doctor, clergy, counselor, etc.) that can verify this information.
- Education Plan completed with advisor – Attach a signed copy.
- Unofficial Transcript

Student Signature

Date

I understand I must maintain a minimum semester GPA of 2.5 or higher and completion of 75% or higher until S.A.P. standards are met.

Instructor/Advisor

Date

Comments

Submit this form and appropriate attachments (as indicated above) to your Student Services Advisor. ***Academic approval does not guarantee financial aid reinstatement as they are separate decisions.***

Academic Reinstatement

Administrator Approved Denied _____
Date

Conditions/Comments: _____

Financial Aid Reinstatement

Financial Aid Director Approved Denied _____
Date

Comments: _____