Southeast Technical Institute - Financial Aid

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Southeast Technical Institute
Financial Aid Office
2320 N. Career Avenue
Sioux Falls, SD 57107
(605) 367-7867

In order to appeal your financial aid suspension, **complete all information below** and return this form, along with any 3rd party documentation to support your appeal to the Financial Aid Office.

By appealing, you are requesting that your extenuating or unusual circumstances be considered for your financial aid to be reinstated. The Financial Aid Appeal Committee will evaluate all items submitted along with your academic record to determine if extenuating or unusual circumstances existed.

The committee will either accept or deny your appeal. You will be informed in writing of their decision. You may only appeal suspension once while attending STI. As part of the requirements for the granting an appeal, you will be required to take an academic recovery course at Southeast Tech. More information would come from the Student Success Center regarding the course.

SUBMISSION OF THIS FORM DOES NOT GUARANTEE THE REINSTATEMENT OF YOUR FINANCIAL AID ELIGIBILITY.

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Name_____SS# or ID#_____

Address_____

City_____State_____Zip Code_____ Phone#_____

Expected Graduation Date_____Major_____

Last Semester/Year Attended_____

To consider your appeal, you must include the following:

1. Appeal letter
   - Explain in full detail the circumstances that caused your unsatisfactory progress (See page 2.).
   - In clear and concise terms outline your plan to improve your academic program (See page 3).
2. Please attach 3rd party documentation to support your appeal (i.e. doctor, counselor, etc.)

What led to the termination of your financial aid (please check one):

_____ 2.0 GPA
_____ Completion of less than 67% of attempted hours
_____ I have not attended STI in the last 36 months

The information provided is accurate to the best of my knowledge and constitutes my complete request for appeal of my Financial Aid Suspension.

Signature_____ Date_____

**********FOR INSTITUTIONAL USE ONLY**********

COMMITTEE DECISION:

Committee Member_____Approved _____ Denied _____
Committee Member_____Approved_____ Denied_____
Committee Member_____Approved_____ Denied_____

Overall Vote_____ Approved_____ Denied_____

Signature_____Date _____
Vice President of Student Affairs and Institutional Research

Explain in full detail the circumstances that caused your unsatisfactory progress:

In clear and concise terms outline your plan to improve your academic program: