



Appeal of Financial Assistance Ineligibility

Complete, sign and return this form to:
 Student Financial Assistance Office
 University of Southern Indiana
 8600 University Boulevard
 Evansville, IN 47712
 FAX: 812/461-5305

Use this form to appeal your financial assistance ineligibility.

STUDENT INFORMATION

Student Name: _____ **Student ID Number:** _____
Last First Middle Initial (SSN if ID number is unknown)

Current Mailing Address: _____
Street Address City State Zip Code

Phone Number: _____

For which type(s) of aid are you appealing? _____ Federal _____ State _____ Scholarship (_____
Scholarship Name)

REASONS FOR APPEAL

For which reason(s) are you appealing? (Check all that apply)

- A passing grade has been submitted for my ICN, Distance Education, or Incomplete coursework and I am now in compliance with the Satisfactory Academic Progress Policy.
- I have now completed and paid for the semester hours I was short. **If the make-up credits represent transfer credit from another institution, the appeal will not be evaluated until the USI Registrar's Office receives and evaluates the transcript to ensure the credits will be accepted as USI degree requirements. The college/university from which I am transferring credits is _____.**
- I have now earned the required cumulative GPA **at USI** and have paid for my classes.
- I have successfully completed the USI Fresh Start Program. I have paid for all coursework at USI.
- I have changed my degree objective from associate degree to bachelor's degree and have confirmed my new status with the USI Registrar's Office.
- I have changed my degree objective from bachelor's degree to graduate degree and have confirmed my new status with the USI Registrar's Office.
- I am now a degree-seeking student. I have declared a degree, other than 'Undeclared' with the USI Registrar's Office.
- I have earned 63 or more credit hours and I have declared a specific major with the USI Registrar's Office.
- I am working on a second undergraduate degree or post baccalaureate teacher's certification and have attempted less than 231 semester hours according to my official record in the USI Registrar's Office.
- I have met the requirements imposed by the Student Financial Assistance Appeals Committee as a result of my last appeal. I understand the committee will review this appeal at their next scheduled meeting.

NOTE: If you check the reason/condition listed below, you must submit a single page letter (preferably typewritten) along with acceptable documentation (see examples below). Your name and Social Security or USI Student ID number must appear on all pages submitted. Be sure to sign and date your letter. Attach your letter and any documentation you wish to provide to this form before submitting your appeal.

- I was unable to comply with the regulations which govern my financial aid eligibility due to circumstances that occurred **during the time period in which I became ineligible for financial aid.** Check at least one of the following.
 - Medical - A physician's statement and my letter are attached that verify my medical condition.
 - Automobile accident - A photocopy of the police accident report and my letter are attached.
 - A death occurred in my immediate family (father, mother, brother, sister, spouse, child). A photocopy of either the obituary or death certificate and my letter are attached.
 - Extraordinary circumstances beyond my control occurred **at the time I became ineligible for financial aid.** Appropriate documentation and my letter are attached to explain my circumstance.

SIGN HERE TO AUTHORIZE ACCESS TO YOUR RECORDS

▶▶ **SIGN HERE** _____ Date _____

NOTE: If the appeal is not approved and you want to keep your classes, you must make fee payment arrangements with the bursar **by the bill due date.**

OPTIONAL

If the term bill is due and my appeal is not approved, please cancel my registration for the _____ term, of the year _____, at the 100% refund rate.

▶ **SIGN HERE** Only to Authorize Cancellation of your Class Schedule _____ Date _____

OFFICE USE ONLY

Most recent SAP: _____ SAP date: _____ Number of prior appeals: _____ Scholarship(s): _____

Completion Rate: _____ Total Hours Attempted: _____ GPA: _____ Decision: _____