



Haskell Indian Nations University
Financial Aid Office
155 Indian Avenue, Box 5027
Lawrence, KS 66046

Phone: (785) 749-8468
Fax: (785) 832-6617

Satisfactory Academic Progress Appeal Form

First Name (please print) _____

Last Name _____

MI _____

Haskell ID Number _____

Current Phone Number to Contact You: _____ Personal E-Mail Address: _____

It has been determined that you are ineligible to receive financial aid because you did not meet the University's requirements for Satisfactory Academic Progress (SAP). If you have mitigating circumstances, you may appeal to the Office of Student Financial Aid and Scholarships ***within three weeks*** of date listed on your Academic suspension letter. All appeal applications received after this date, will not be accepted.

1. Submit a Letter of Explanation

Check the reason (s) for which you are appealing and have been placed on Financial Aid Suspension.

- Maximum Timeframe**-explain why you have exceeded the number of credits required for graduation from your program of study. One Example: (A student has 95 credit hours and is not enrolled in a four year degree program)
- Minimum GPA**-explain why you do not have the minimum cumulative GPA of 2.0
- Completion Rate (Pace)** - explain why you were unable to complete at least 67% of all of your hours attempted at Haskell and/ or other institutions.

2. Submit Supporting Documentation:

You will need to type a letter addressed to: Financial Aid Appeals Committee
Haskell Indian Nations University
Lawrence Kansas, 66046

(Submission by fax or Mail will not be accepted. Please hand deliver your packet to Financial Aid.)

In your letter, you should further outline what actions that you have taken to resolve your SAP issue (s). Suggestions to support your request for the committee to consider your appeal are listed below as a demonstration of your commitment to improve your overall academic standing.

- Completed Grade check (Required)
- Contacted Trio support services or the student success center and completed a contract (optional)
- Letter of support from an Instructor (optional)
- Transcript (Required)
- Degree Checklist (optional)

3. Appeal information

In your letter, it should include the nature of your situation which resulted in your Financial Aid suspension. If you have suffered a hardship listed below, please list them below and submit the supporting documentation. Examples of acceptable documentation and circumstances are listed below.

<input type="checkbox"/> Severe illness, medical condition or injury	<ul style="list-style-type: none"> Signed and dated letter from a Physician on an official office letterhead verifying medical problems and the treatment received.
<input type="checkbox"/> Death of a family member	<ul style="list-style-type: none"> Death Certificate and/or dated obituary from the newspaper
<input type="checkbox"/> Traumatic life-altering event such as a fire, tornado etc.	<ul style="list-style-type: none"> Evidence of the event such as an insurance claim or FEMA application
<input type="checkbox"/> Other circumstances not listed above: _____ _____	<ul style="list-style-type: none"> Documentation that will verify situation.

4. Academic Advisor Documentation

Please have your Advisor complete this portion of your form. He/She will need to sign and date the document.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it mathematically possible for this student to achieve the required 2.0 CGPA by the end of the current term?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it Mathematically possible for this student to achieve the required Completion rate of 67% by the end of the current term?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	For Students who				
Advisor Name					
Signature and Date	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%; text-align: center;">First</td> <td style="width: 25%; text-align: center;">Last</td> <td style="width: 25%; text-align: center;">Signature</td> <td style="width: 25%; text-align: center;">Date</td> </tr> </table>	First	Last	Signature	Date
First	Last	Signature	Date		

5. Certification and Signature

Each person signing this worksheet certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Student's Name

Student's ID Number

Student's Signature

Date