

Return to:

**Financial Aid Office**

(615) 963-5701

Fax: (615) 963-7540



Tennessee State University  
3500 John A. Merritt Blvd.  
Nashville, TN 37209-1561

**Financial Aid Satisfactory Academic Progress Appeal Form**

TERM: ☐ FALL ☐ SPRING ☐ SUMMER

NAME: \_\_\_\_\_ TSU ID#: **T** \_\_\_\_\_

(Please Print)

ADDRESS: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ ( ) \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**1. Reason for Financial Aid appeal request:**

Attach a signed summary of the verifiable extenuating circumstances that caused your lack of compliance with the Satisfactory Academic Progress guidelines. The circumstances must be reasons beyond the control of the student, such as illness, accidental injury, or death of an immediate family member. Poor performance in class **IS NOT** an extenuating circumstance.

**2. Document your reasons:**

Provide proof of your circumstances such as: a statement from a doctor including a release to return to school, an accident report, or an obituary.

**3. Plan of action:**

Summarize the actions you will take to ensure future academic success.

***Deadline for Fall: July 15, 2012, Spring: January 10, 2013***

Please include **ALL** documentation you wish to be considered with this form. It is your only representation before the Financial Aid Appeals Committee. The Committee **will not** review an appeal until all the requested information has been received. You will receive a written response within ten business days after your completed appeal has been reviewed.

***My signature verifies that I have read the procedures above and that all statements and documents attached are true and accurate.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**---OFFICE USE ONLY---**

[ ] APPEAL APPROVED

[ ] APPEAL DENIED

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_