FERRIS STATE UNIVERSITY
Office of Scholarships & Financial Aid

FINANCIAL AID SUSPENSION APPEAL FORM
2009-2010

Name: _____ **Student ID#:** _____

Address: _____ **Phone #:** _____

_____ **Email:** _____
City **State** **Zip**

If you have received notification that your financial aid has been suspended and you wish to appeal that decision, please follow the instructions below:

- Please submit this appeal form addressing the reason why you have not made satisfactory academic progress;
- Please submit documentation to support your appeal
- You may be required to provide additional information from your academic advisor pertaining to an academic plan (you will be notified via email if you are required to submit an academic plan).

_____ _____
Student Signature **Date**

Your academic history, prior appeals (if any), choice of major and other pertinent information will be considered when making a decision on your appeal.

Return to: Office of Scholarships and Financial Aid, 1201 S. State, CSS 101, Big Rapids, MI 49307
Fax Number: 231-591-2950