| SAPUEA | Ferris State University Office of Scholarships & Financial Aid | |
|---|---|--|
| FINANCIAL AID SATISFACTO | RY ACADEM | IC PROGRESS (FASAP) UNUSUAL |
| ENROLLMENT APPEAL FORM | / I | |
| | | UPLOAD. TO UPLOAD DOCUMENTS: LOG INTO MYFSU, STUDENT TAB, AILED DOCUMENTS ARE NOT SECURE AND CANNOT BE ACCEPTED. |
| FSU Office of Scholarships & Financial Aid 1201 S. State Street, CSS 101, Big Rapids, MI 4930 Phone: 231 591-2110 Fax: 231 591-2950 Email: finaid@ferris.edu (DO NOT EMAIL DOCUM | | |
| Name | | ECU Canalana ID# |
| | | FSU Student ID#: |
| Term for which aid reinstatement is request | ed | Last semester attended |
| IF YOU HAVE RECEIVED NOTIFICATION THAT DECISION, PLEASE FOLLOW THE INSTRUCTION | | D HAS BEEN SUSPENDED AND YOU WISH TO APPEAL THAT |
| REASON FOR DENIAL OF FINANCIAL AID (che | ck all that apply): | |
| | | ndergraduate or professional student and did not have a 1) student and did not have a cumulative GPA of at least a 3.0. |
| 2) I did not complete 67% of the | e credits attempted, | for my most recent semester at FSU. |
| INSTRUCTIONS: | | |
| • Submit this appeal form. | | |
| semester at FSU. The statement sh serious medical illness or injury, or led to this academic difficulty. Exp | nould include any ext other circumstance: lain how your circum urces you intend to u | I to achieve satisfactory academic progress for your most recent enuating circumstances such as death in the immediate family, is beyond your control. Also include your perspective as to what stances have changed, allowing you to successfully make use to assist you in becoming successful. Submit third-party |
| Submit a FASAP Academic Evaluate | ion Form. Contact yo | our advisor or College Dean's Office for completion of this form. |
| ONLY COMPLETE APPEALS WILL BE CONSIDE | RED. | |
| Only admitted students with a valid FAFSA or Enrollment Appeal form; personal statement | | d. You will need all four items completed: FASAP Unusual c Evaluation form. |
| | ate University. Your | e for college review of your progress and will not influence whether academic history, prior appeals (if any), choice of major and other on your appeal. |
| By signing this form, I certify that all of the about typed signatures are NOT acceptable. | ove information is co | omplete and correct. Student must sign this form in ink. Electronic |
| Student Signature | Date | Student Phone #: |