



FINANCIAL AID SUSPENSION APPEAL

Name _____ Student ID Number _____

The reason for the financial aid suspension is:

- ☐ GPA
- ☐ Completion Ratio
- ☐ Maximum Time Frame

ACADEMIC PLAN REQUIRED

Students appealing their suspension must be placed on an academic plan through completion of their program. All appeal requests are considered incomplete until the student provides an academic plan from their advisor.

If your suspension is due to GPA and/or completion ratio, and extenuating circumstances exist, you must explain in detail as well as provide supporting documentation.

Please explain in detail the circumstances that contributed to your academic results causing the suspension (additional sheet can be attached if necessary)

Please explain what has changed that will ensure the successful completion of current and future coursework

Student Signature: _____ **Date:** _____

Office Use Only:

SUBMIT TO: FINANCIAL AID OFFICE, NORTHEAST COMMUNITY COLLEGE, 801 E. BENJAMIN AVENUE, P.O. BOX 469, NORFOLK, NE 68702-0469
FINAID@NORTHEAST.EDU, FAX 402-844-7397

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