

Financial Aid Suspension Appeal

Return to: Northeast Financial Aid Office, P. O. Box 469, Norfolk, NE 68702-0469

Student's Name _____ **Student ID** _____

- Reason for the appeal (Check one.):**
- Illness *(provide doctor's statement)*
 - Death in the family *(provide copy of death certificate and news articles)*
 - Family tragedy *(provide supporting documentation)*
 - Other _____

Please explain in detail the circumstances that contributed to your academic results for the term(s) causing the Financial Aid Suspension. *(Attach sheet, if necessary.)*

Please explain what has changed that will ensure the successful completion of current and future coursework. *(If medical reasons contributed to past history, provide a letter from your doctor supporting your return to college and suggested course load.)*

Student Signature _____ **Date** _____

For office use only: _____

Financial Aid Director's Signature

Date