



Office of Student Financial Aid & Scholarships

L.C. Barnes Administration Bldg, Rm A-43
3050 Martin Luther King, Jr. Drive Shreveport, La 71107
Phone: (318) 670-9221 Fax: (318) 670-6313 Email: financialaid@susla.edu

2018-2019 Financial Aid Appeal Application

Name: (Last) _____ (First) _____ (MI) _____

Banner ID: 9000 _____ Telephone: (1) _____ (2) _____

Address: Street _____ City: _____

State: _____ Zip _____ E-mail: _____

Semester for which requesting eligibility: Summer II 20__
Fall 20__
Spring 20__
Summer I 20__

Please read each of the following requirements for a complete appeal and initial the blank prior to turning in your appeal. An incomplete appeal packet will be returned without action.

_____ I have read the satisfactory Academic Policy.
(initial)

_____ I have attached a current copy of my unofficial transcript(s).
(initial)

_____ I have described events or circumstances that directly contribute to my ineligible
(Initial) status.

_____ I have described actions that I have taken to prevent a repeat occurrence of the
(Initial) events leading to my ineligible status.

_____ I have attached my typed explanation and all necessary documentation to support
(Initial) my reasons for appeal.

Date: _____ Signature: _____

Appeals for exceptions to the policy must be submitted in writing using the SUSLA form with all appropriate documentation and an unofficial copy of the most recent academic transcript. Suggesting that the SUSLA Financial Aid Office contact doctors, professors or other persons for additional information is not considered adequate documentation. A mitigating circumstance or extenuating circumstance is any occurrence that would provide just reason for failure to maintain successful academic progress. Documentation for mitigating circumstances may include, but not limited to physician records, hospitalization records, obituaries, and documentation from a job supervisor.

NOTICE:

It is the responsibility of the student to obtain copies of ALL documents included in the appeal application prior to submitting to the office. The Office of Student Financial Aid & Scholarships **WILL NOT** be responsible for making additional copies once submitted and filed in our office.

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age or disability. Title IX Coordinator: Ms. Tilisha T. Bryant, Administration Building, Room A-43, (318) 670-9210. Section 504 Coordinator: Ms. Jerushka Ellis, Fine Arts Building, Room C04 D, (318) 670-9473.

Revised 03/2016

Policies and Procedures for Financial Aid Appeals

I understand:

- Student must submit a typed letter of appeal to the Office of Student Financial Aid & Scholarships, 3050 Martin Luther King Dr. Leonard C. Barnes Administration Building; Shreveport, LA 71107.
- The appeal letter must describe the student's special or mitigating circumstance. If this is not included, the appeal letter **will be considered incomplete and returned to the student**. Incomplete appeals **will not be considered**.
- Students **must** attach all necessary documents. Important documents such as police reports, death certificates, birth certificates, medical records, medical bills, and others that may help with the Committee's decision must be attached to the appeal letter.
- Once students are notified of financial aid ineligibility due to failure to meet minimum SAP requirements, students must submit a written letter of appeal along with any requested documentation to the Office of Student Financial Aid & Scholarship **within ten (10) business days** of the notification, in order to have a decision made relative to financial aid assistance. **(This does not apply to students that are on Financial Aid Suspension)**.
- If students are notified of financial aid ineligibility due to failure to meet minimum SAP requirements, during the **registration period**, students must submit a written letter of appeal along with any requested documentation to the Office of Student Financial Aid & Scholarship **within three (3) business days** of the notification, in order to have a decision made relative to financial aid assistance. **(This does not apply to students that are on Financial Aid Suspension)**.
- The students' letter of appeal will be reviewed within two weeks of receiving the request and **all** necessary documents by the Financial Aid Appeals Committee. **If any of the requested documentation is not received within the requested timeframe, a decision of denial will be rendered due to lack of sufficient evidence.**
- Students who are **DENIED** financial aid due to appeal results and/or placed on **Financial Aid Suspension** are **responsible for payment of tuition and fees. (Please see cashier for possible payment arrangements)**
- Notification of the decision will be sent to the student's SUSLA'S email of the Committee's decision, **which is final. Explanation of justification for the decision is not provided to the student or parent(s).**
- Appeals can be approved for one semester or two. Financial aid will be awarded on a probationary basis.
- Terms and conditions of appeal approval will be included in the Appeal Approval Agreement that the student must sign before financial aid will be awarded.
- If student has attended any other colleges or universities, an **official transcript** from **each** college/university must be submitted to the Admissions office and **must be posted on our system**. A **copy** of the academic transcript from each institution **must be attached** to the appeal letter. If transcripts are unavailable, the appeal will not be accepted. Also, if the student does not disclose all previous schools attended, any approval appeal will be marked "**VOID**", and the student will be required to appeal again with all previous enrollment history being considered.

Reinstatement of Financial Aid

Students will not be eligible for Financial Aid Reinstatement once they are placed on Financial Suspension and may NOT receive federal financial aid until he/she has earned the minimum SAP requirements. A student may NOT appeal again to regain eligibility.

_____ I certify that I have read and understand the above policies and procedures. Initials

_____ I understand and agree that the Appeal Committee decision is **FINAL** and if I am denied, I have no Initials further recourse.

Student Signature _____ Date _____

The Satisfactory Academic Progress Policy is listed on our website at www.susla.edu under the Financial Aid tab. You can also obtain a copy of the policy in the Office of Student Financial Aid & Scholarships.

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