Ozarka College
Financial Aid Suspension Appeal Form

If you wish to appeal your suspension from financial aid, please complete this form and return to the financial aid office. This must be received before a decision can be made.

Name_____

Address_____

Student ID Number _____

Semester_____

Please state below the reason(s) for not making satisfactory academic progress and why you feel that you should be reinstated on financial aid. Please be as detailed as possible in stating your reasons. Any supporting documentation you would like to provide is welcome. In addition, you should make a statement on your goals and plans for the future.

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(If additional space is needed, use the back of this form and/or additional sheets if necessary).

Student Signature_____

Date_____

(Office Use Only)
Committee Ruling:
Member:_____ Approved: _____yes _____no
Member:_____ Approved: _____yes _____no
Member:_____ Approved: _____yes _____no

F/A Director _____Date_____