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:_________________________ Member:_________________________ Member:_________________________
Approved: _____yes _____no  Approved: _____yes _____no  Approved: _____yes _____no

F/A Director ________________________ Date_________________