



GENERAL FINANCIAL AID APPEAL FORM

Financial Aid Office
Phone: (208) 524-3000
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu
1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 SSN	Phone Number
			xxx-xx-	

You have been denied financial aid because you did not meet the Satisfactory Academic Progress requirements in a previous semester. If you wish to appeal the decision regarding your financial aid application or award, you must complete this form. Be specific and detailed. **You must attach applicable documentation when necessary** to support your appeal (e.g. statements from physician, court documents, transcript of grades, or other related information to appeal).

Complete All Items:

What semester are you requesting financial aid reinstatement? (Mark One): Fall 20____ Spring 20____ Summer 20____

What is your current Degree or Certificate Objective? _____

I am registered for classes for the term I am requesting financial aid reinstatement: Yes No

I have completed the Free Application for Federal Student Aid (FAFSA): Yes No

I am requesting Reinstatement for Financial Aid due to: (Mark one box that best fits your situation)

Financial Aid Suspension (SAP) **Medical Withdrawal** **Other:**

Attach an explanation of the unusual or extenuating circumstances that prohibited you from meeting the Satisfactory Academic Progress requirements. Please including the following in your statement:

- What your appeal is in detail. Please include dates if applicable.
- Why you failed to meet the Standards of Progress.
- Why your appeal should be considered. What has changed that will allow you to make Satisfactory Academic Progress (SAP) during the next semester.

All Appeals Must provide documentation to support your explanation. (Documentation must be credible):

- Copies of official forms are acceptable. (medical records, physician statement, death certificate or notice, court records etc.)
- Third party documentation is acceptable, but must come from “officials” or community leaders (e.g. clergy, counselors, social workers, etc.) who are in a position to know about the student’s situation.
- Letters or statements must be written on agency/business letterhead or be notarized.

Student Certification

I certify that all statements in this appeal and all documentation submitted are true and accurate. I understand that I must provide verification of statements I have made. I agree to the terms of the appeal process and understand that if documentation is not attached or sufficient, or this appeal is not signed, it will be returned as incomplete. I understand that I may be asked to provide additional documentation if needed.

Student Signature

Date

Policy
 The Financial Aid Office will accept requests for special consideration. We will exercise professional judgment only in cases of most unusual and documented circumstances, even if there are limitations and prohibitions that will be imposed. We will consider written, documented requests from students who wish to be exempt from the regular terms and conditions of the law.
 The student is responsible for submitting all pertinent documentation with the request for special consideration. The student must submit any documentation requested by the Financial Aid Office during the review. If the students appeal is approved, the student agrees to complete and pass all courses they are registered for upon approval of the appeal, according to the standards of the Satisfactory Academic Progress Policy.

OFFICE USE ONLY

Appeal Committee Members Initials:	Approved: _____	Denied: _____
Appeal Committee Members Initials:	Approved: _____	Denied: _____
Appeal Committee Members Initials:	Approved: _____	Denied: _____
Financial Aid Processing Officer:	Approved: _____	Denied: _____
	Initials: _____	Date: _____

Comments: