



# GENERAL APPEAL FORM

**Financial Aid Office**  
**Phone: (208) 524-3000**  
**Toll Free: 1-800-662-0261**  
**Fax: (208) 525-7026**  
[financial.aid@my.eitc.edu](mailto:financial.aid@my.eitc.edu)  
**1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404**

First Name	Last Name	SSN/Student ID	Phone Number

Every effort has been made to handle your application according to the rules, deadlines, requirements for equity, and availability of funds. 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 employer, physician, transcript of grades, or other related information to appeal).

**What is your appeal?**

- Reinstate financial aid due to Financial Aid Suspension (SAP):**  
**Attach a statement including the following:**
  - Why you failed to meet the Standards of Progress and
  - What has changed that will allow you to make Satisfactory Academic Progress (SAP) during the next semester.
  
- Reinstate financial aid due to Medical Withdrawal:**  
**Attach a statement including the following:**
  - What your condition is/was that kept you from meeting the Standards of Progress.
  - What has changed that will allow you to make Satisfactory Academic Progress during the next semester.
  
- Other:**  
**Attach a statement including the following:**
  - What your appeal is in detail.
  - Why your appeal should be considered.

**All Appeals Must Provide documentation (Documentation must be credible):**

- Copies of official forms are acceptable.
- 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 a 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 verification documents 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.

\_\_\_\_\_

**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 well-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.

**Documentation**  
 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.

Documentation must be credible. Copies of official forms are acceptable. 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 a student’s situation. Letters or statements must be written on agency/business letterhead or be notarized.

<b>OFFICE USE ONLY</b>	Financial Aid Committee Members Initials: _____	Approved: _____	Denied: _____
	Financial Aid Processing Officer Initials: _____	Initials: _____	Date: _____
	Met With Financial Aid Committee: _____		