

INDIANATECH

Financial Aid Office
1600 East Washington Blvd
Ft Wayne, IN 46803
800-937-2448
Email: financialaid@indianatech.edu

Appeal for Financial Aid Reinstatement

Which session are you looking to return to school in? _____

Student Name: _____

Student ID /SSN: _____

Email Address: _____

Phone:(_____) _____

Current Address: _____
(Street, City, State, ZIP)

Federal law requires all students who receive financial aid to make Satisfactory Academic Progress (SAP) toward their degree. Students not meeting these standards have the right to appeal this status if special circumstances such as illness, injury, death of a family member, or other extenuating circumstances prevent the student from meeting these requirements. Please complete this form and submit a typed explanation with any relevant documentation to support your statement.

In order to appeal, you must:

1. Complete the top of this form and attach typed responses to the following statements:
 - a. Explain the circumstances that **contributed to you not maintaining Satisfactory Academic Progress**. If your difficulties resulted in poor performances in more than one semester, you must explain the factors that contributed to the deficiencies over the entire period, not just the most recent period. **Include appropriate supporting documentation.**
 - b. State why you believe it is possible for you to improve upon maintaining Satisfactory Academic Progress and identify any corrective action you have taken or will be taking. **Include appropriate supporting documentation.**
2. Attach third party, professional documentation to clarify/support your appeal. You should provide the most comprehensive documentation available to support your appeal. Examples of acceptable documentation include:
 - a. In cases of death: obituary, death certificate, newspaper article.
 - b. In cases of illness: letter from physician corroborating illness, length of recuperation and your ability to be successful in a school setting.
 - c. Other: third party, professional documentation that covers the time frame of your indicated difficulty.
 - d. Letters of support from your academic advisor are not required but are encouraged.

Responses to these items should be typed and submitted with this form. Completed forms and documentation may be sent to the Financial Aid office via email (financialaid@indianatech.edu), via fax (260-422-1578) or mailed to the address above. All students will receive a response via email within ten days of the Financial Aid and Academic Dismissal Appeals Committee's decision.

I CERTIFY THAT ALL INFORMATION AND DOCUMENTATION I HAVE SUBMITTED PERTAINING TO THIS APPEAL IS TRUE AND ACCURATE.

STUDENT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

HOURS ATTEMPTED: _____ HOURS EARNED: _____ PERCENTAGE OF COMPLETION: _____ %
IND TECH GPA: _____ GRADE LEVEL: _____ PROGRAM: _____
PREVIOUS APPEAL(S) (SEMESTER AND DECISION): _____