

MOREHEAD STATE UNIVERSITY
OFFICE OF ENROLLMENT SERVICES
100 ADMISSIONS CENTER
MOREHEAD, KY 40351
Phone: 606-783-2000
Fax: 606-783-2293

UNSATISFACTORY ACADEMIC PROGRESS APPEAL FOR STUDENT FINANCIAL AID

In order to continue to receive Federal Pell Grants, CAP Grants, Federal Work-Study, Federal Perkins Loans, Federal Direct Loans, and/or Federal Direct PLUS, as well as institutional and miscellaneous types of financial aid, you must maintain satisfactory academic progress per the Student Financial Aid Satisfactory Academic Progress policy, which is explained in the Student Handbook, catalog, and on MSU's website.

This appeal form allows you to explain extenuating circumstances that may have caused you to fail to maintain the level of academic progress required by Morehead State University for receiving federal financial aid.

Please attach your written explanation and documentation to this form. Your appeal must explain in as much detail as you desire, circumstances that affected your academic progress. You must attach an unofficial copy of your transcript to the appeal. You can print a copy of your unofficial transcript from your student Datatel WebAdvisor account.

This procedure is separate from the Academic Appeals procedure and the scholarship appeals procedure. This form can only be used for Financial Aid Unsatisfactory Academic Progress Appeals.

Name: (Last) (First) (Middle)

(Student ID #) (Social Security #)

Address: (Street) (City) (State) (Zip)

(Home Telephone #) (Cell Phone #)

YOU MUST SUBMIT AN UNOFFICIAL TRANSCRIPT WITH THIS APPEAL
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[FOR OFFICE USE ONLY]

Student's Name: _____ ID #: _____

Folder Scanned: _____ Partial Folder Scanned: _____ No Folder: _____ # Prior Appeals: _____

Cumulative GPA: _____ Hours Attempted: _____ Hours Completed: _____

Comments: _____

Recommendation: _____ Initial: _____ Date: _____

Recommendation: _____ Initial: _____ Date: _____

Recommendation: _____ Initial: _____ Date: _____

Decision Entered: Approved (SA) _____ Approved w/Conditions (SC) _____ Denied (SD) _____

FACXSAL: _____ Check AIDE: _____ Initial: _____ Date: _____

Hearing Date: _____

Comments: _____

Decision: Approved ___ Approved w/Conditions ___ Approved w/Cond. No Further Appeal ___ Denied ___

Conditions for Approval: _____

_____ Initial: _____ Date: _____

Decision Entered: Approved (SA) ___ Approved w/Cond. (SC) ___ No Further Appeal (SN) ___ Denied (SD) ___

FACXSAL: _____ Check IHS: _____ Check AIDE: _____ Initial: _____ Date: _____