

East Central University Financial Aid Suspension Appeal Form

Financial Aid Office 1100 E. 14th Street PMB A-8 Ada, Oklahoma 74820 Phone: 580-559-5243 Fax: 580-559-5638

Student's Name:	Student ID Number:			
Instructions: Complete this form. Attach all documentation pertaining to the appeal. Have your advisor or counselor complete the appropriate section. Return all documents to the Financial Aid Office. Appeals will be accepted through the established deadline for each semester in which you are requesting reinstatement. Lack of documentation and incomplete forms will be DENIED!				
Student Section: I wish to be reinstated for theFallSpringSummer.	I	have	have not appealed before.	
My major is My expected gradua	ation date is		<u>_</u> .	
Reason for failure to meet guidelines. (Attach documentation as necessary.)				
What has changed that will allow you to succeed now? (Attach additional sheets if new	eded.)			
I understand that if my appeal is approved, I must complete full time hours with my semester of probation unless I request and am granted an exemption for that In that case, I must complete the number of hours I originally enroll in with a 2.0	nt requirement fro	om the appea	_	
Student			Date	
Academic Advisor or College Dean Section: Please write a brief statement regarding your evaluation and advisement.				
Academic Advisor/Dean			Date	
			2440	

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