



Ad Hoc Appeal

Student Information

Lakeland ID Number

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Last Name

First Name

Current Major

Date

Attach a typewritten statement to this sheet addressing the following:

A

Explain why you feel the decision regarding your appeal for the Standards of Academic Progress should be reviewed. You may want to expand on your original explanation. Also, if you have additional documentation to explain your circumstances that was not submitted with your original appeal, you should include that with this appeal. **You must also provide the information as outlined in Step B.**

B

Explain what steps you have taken or are currently taking to resolve the issues that have impeded your ability to maintain the Standards of Academic Progress. **Describe** your plan for success for the current and/or upcoming semester.

C

If your appeal is due to reaching the maximum time frame, list the additional classes you need to complete your degree. If you need assistance with this, please contact your Academic Counselor. Appointments may be scheduled by calling 440-525-7200.

By signing this appeal form, I certify that all the information reported to qualify for federal student aid is complete and correct.

Student Signature/Date: _____

The decision of the Ad Hoc Financial Aid Committee is final.

Office Use Only

Appeal Approved _____

Appeal Denied _____

Int & Date _____

Comments _____
