Louisiana State University in Shreveport
Financial Aid Appeal Form

A Financial Aid Appeal is a request that asks the Student Financial Aid and Scholarship Committee to reinstate your ability to receive federal financial aid based on your specific circumstances. Your letter of appeal should be brief (no more than one page) but thorough. Before submitting your appeal you must do the following:

NOTE: Failure to complete the two bullets below will automatically void your appeal.

• State the reason why you are not making academic progress: ________________________________________________________________

• State what you have done to correct your lack of academic progress or what has occurred to correct your problems: ________________________________________________________________

• Type your request for an appeal including an explanation of why you feel you should be granted an appeal including any circumstances that could explain your situation.

• Attach copies of any supporting documentation (example: physician’s statement). These documents will not be returned to you.

NOTE: Failure to include the required memo from your college advisor will automatically void your appeal if one of the reason you are appealing is because you have attempted more than 150% of the hours required for your degree.

• If you are no longer eligible because you have attempted more than 150% of the hours required for your degree or certificate, you must submit a statement or memo signed by your college advisor stating how many hours you need to graduate or complete your program.

NOTE: Failure to include this statement voids your appeal.

You should contact the Financial Aid Office to find out the deadline for submitting your appeal for the next scheduled meeting. You will be notified in writing of the committee’s decision after the meeting. If you do not receive notification in the mail within seven days of the appeal meeting, it is your responsibility to check with the Financial Aid Office to find out the committee’s decision.

If your appeal is approved, you will continue receiving federal financial aid on the appeal until you fail a course (grade of “NC”, “F”, “I” and/or “D”), withdraw from a course (grade of “W”), change from credit to audit (receive a grade of “X”) or until you are no longer eligible to receive federal financial aid for a circumstance other than the reason your appeal was originally granted.

Please read the following statements and initial that you understand each statement:

_____My appeal letter must be typed, signed and attached to this form or it will be returned to me without being considered.

_____I will be notified in writing of the committee’s decision; however, it is my responsibility to check with the Financial Aid Office if I do not receive a written response within seven days of the appeal meeting.

_____I understand that if my appeal is approved I will continue to receive federal financial aid on this appeal until I fail a course, drop a course or until I am no longer eligible to receive federal financial aid for a circumstance other than the reason my appeal was originally granted.

_________________________________________  ____________________________________________  __________
Student’s Signature                  LSUS Student ID                  Date

__________________________________________
Print Name

_________________________________________
Address                                   City, State, Zip

Revised 4/9/2013