You may appeal your suspension of financial aid eligibility by following the procedures outlined below. There are two parts to this appeal. Part One documents the type of extenuating circumstances which hampered your academic performance. Part Two is your own written statement about the circumstances documented in Part One. Complete the information above, Part One & Two, then sign and date on the next page.

ALL INFORMATION IS CONFIDENTIAL.

• We must have a current degree check on file with this form for your appeal to be reviewed. If you do not have a current copy, you must request one from our Admissions Office. No action will be taken on this appeal request until the degree check is received.

• The decision of the Financial Aid Appeal Committee is considered final. If you choose to remain enrolled and attend class while your appeal is pending, you are responsible for all business office charges if the appeal is denied. Should your appeal be approved, your aid will only be calculated on hours needed to complete your degree.

• You will be notified when the appeal committee plans to meet. Your attendance at the meeting is optional. The committee may have questions about your submissions and may want to visit with you. However, you will not be penalized if you are unable to attend.

Part One: DOCUMENTATION
Select the category that best describes the circumstances affecting your academic performance:

____ Illness
You must attach written documentation from a physician’s office, clinic, or hospital confirming the date(s) you or immediate family member sought treatment for an illness. Acceptable documentation of the dates of illness could be: an excuse slip, a copy of a doctor or hospital bill, an insurance statement, or a canceled check paid to a physician, clinic, or hospital.

____ Death in the family
Please list name, relationship and date of death: ______________________________________

____ Personal or other problems
You must provide signed, written documentation from a qualified person to confirm the personal problems and the period during which they occurred. A qualified person could be: a mental health professional or physician (or a representative of a clinic or hospital), pastor, teacher, current or former employer, attorney, or academic advisor.

____ Other
Please explain: ________________________________________________________________
If you have questions about completing the appeal process, please contact our office at (580)477-7709. APPEALS SUBMITTED WITHOUT REQUESTED DOCUMENTATION WILL BE RETURNED.

Part Two:  WRITTEN STATEMENT
Explain in your own words the circumstances documented in Part One. You must provide a thorough explanation of why these circumstances directly impacted your academic performance for the semester or semesters in which you failed to make satisfactory academic progress. Remember, all information is confidential.  
Attach additional sheets if necessary.

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I have read and complied with the instructions for the appeal process. I understand failing to comply with the appeal process may result in my appeal being delayed or denied. I understand I will be notified of the result of my appeal and that I must comply with the terms outlined in that notification.

Signature: ___________________________ Date: ___________________________

Please return or fax these forms along with your most current Western Degree check to the financial aid office. Our fax number is (580)477-7716.

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OFFICE USE ONLY:  
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