

2022-2023 APPEAL OF SUSPENSION

Office of Financial Aid

Last Name: First Name:	Student ID#:
Student may appeal a suspension in writing using this form and answering the questions on this form. The appeal must be based on: your injury or illness, the death of a relative, or other special circumstance. If you have a COVID-19 related reason, please state how it affected your performance There are three possible outcomes to an appeal of suspension: 1. Uphold the suspension (deny the appeal) 2. Remove the suspension if it had been incorrectly imposed or 3. Offer the student probation (one semester)	
Major:	Your Current Address:
Faculty Advisor:	
Earned Credits:	Phone:
Cumulative GPA:	
For which academic term are you appealing? Fall 202	22 Spring 2023 Summer 2023
Your answers to the following questions must be type addressed and answered in your appeal.	ed and attached to this form. Both questions must be

- 1. Please explain why you failed to make satisfactory academic progress. Attach any documentation to support the reason for not maintaining Satisfactory Academic Progress.
- 2. What has changed in your situation that will allow you to make satisfactory progress in the forthcoming terms?

I hereby certify that all the information provided to the Committee is correct. I am aware that any incorrect or withheld information can result in the denial of my appeal and the full enforcement of the suspension. Student's Signature: Date:

PLEASE SUBMIT THIS FORM AND ALL DOCUMENTS TO THE FINANCIAL AID OFFICE SAPAPPEALS@COPPIN.EDU

TIME FRAME: This form should not be submitted until you have received notification from the Office of Financial Aid of **your suspension.** Appeals are reviewed within 10 business days of receipt of all required documentation in the Financial Aid Office. Results will be sent to your CSU student email address.