

Review after one semester____

Mount Marty University • 1105 West 8th Street • Yankton, SD 57078 (605) 668-1589

In order to appeal your Federal Financial Aid suspension, complete all information below and return this form, along with documentation to support your appeal, to the Mount Marty Financial Assistance Office. Your appeal must be based on extenuating circumstances beyond your control, failure to attend class or complete assignments will not be considered as circumstances beyond your control. In addition, students cannot appeal for aid for a past term. To ensure a timely review, students should make an appeal at least one month in advance of the start of the term for which they wish to receive aid.

The Financial Assistance Committee will review your appeal. Based on the Satisfactory Academic Progress Policy as defined on the Mount Marty website, https://www.mountmarty.edu/tuition-and-aid/financing-your-education/financial-aid-policies/, the Committee will either accept or deny your appeal. You will be informed in writing of their decision.

Plea	se Print	
Name	Student ID#	
Address	Phone #	
City	State	Zip
Major(s)	Expected Graduation Date	
Last Semester Attended	Cumulative GPA	
Documentation (must include both items below)		
1. On an attached sheet explain clearly and in full detail	the circumstances that re	sulted in you not meeting
satisfactory academic progress and what has changed	l now that will allow you t	o make satisfactory academic
progress at the next evaluation.		
 In clear and concise terms, outline your plan t 	o improve your academic p	orogram.
 Your appeal must be based on extenuating cir 	cumstances that were bey	ond your control, failure to attend
class or complete assignments will not be cor	nsidered as circumstances b	peyond your control.
 If you have 3rd party documentation to support your appeal (EX: faculty, attending physician, counseling 		
center, etc.), it should be attached to your cor	mpleted appeal form.	
2. Meet with your academic advisor and together subm	it an academic plan which	will ensure that you will be able to
meet satisfactory academic progress. The academic p	lan must contain (per tern	n) scheduled classes, cumulative
grade point average and timeline you will need to fol	low and achieve in order t	o meet satisfactory academic
progress guidelines. This academic plan must be attac		<u> </u>
offices to schedule an appointment to formulate you	• • • •	-
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Advising Office, SLC 105, (605) 668-1554. For the Watertown Campus contact (605) 886-6777 and for the Sioux Falls		
Campus contact (605) 362-0100.		
I certify the information provided with the appeal form is accomplete request for appeal of my Financial Aid Suspension.	urate to the best of my kn	owledge and constitutes my
SignatureDate_		
5445_		
To be completed by the Financial Assistance Committee:		
Approved Not Approved		