

Financial Aid Office 1600 East Washington Blvd Ft Wayne, IN 46803

Email: financialaid@indianatech.edu

Fax: (260) 422-1578

Appeal for Financial Aid Reinstatement

Student Name:		Student ID:	
Email Address:		Phone: ()	
Current Address: Street City	, State, ZIP)		
(Bucci, City,	, State, 211)		
degree. Students not meeting injury, death of a family me	lents who receive financial aid to mal g these standards have the right to ap mber, or other extenuating circumstand and submit a typed explanation with a	opeal this status if special circumstances prevent the student from mee	ances such as illness, eting these requirements.
In order to appeal, you mu	ıst:		
a. Explain the your difficu that contributeb. State why your didentify	this form and attach typed responses circumstances that contributed to y alties resulted in poor performances in uted to the deficiencies over the entire ou believe it is possible for you to in any corrective action you have take atton if applicable.	you not maintaining Satisfactory in more than one semester, you must re period, not just the most recent purpove upon maintaining Satisfact	st explain the factors period. ory Academic Progress
Supporting documentation	ı can be very helpful:		
being approved. Th a. In cases of i successful i b. In cases of o c. Letters of su aware of yo	of for an approved appeal, third party of its documentation comes in many for illness: letter from physician corrobon a school setting. death: obituary, death certificate, new upport from your academic advisor, it is ur situation and you have worked we party, professional documentation the	rms, but some examples are: orating illness, length of recuperation was paper article. instructors, or other university empirith in the past.	on and your ability to be ployees that are
be sent to the Finance the address above.	items should be typed and submitted cial Aid office via email (<u>financialaic</u>). The committee typically meets multily 3-10 days before the period begins	d@indianatech.edu), via fax (260-iple times before each session/sem	422-1578) or mailed to
I CERTIFY THAT ALL II THIS APPEAL IS TRUE	NFORMATION AND DOCUMEN AND ACCURATE.	NTATION I HAVE SUBMITTE	D PERTAINING TO
STUDENT'S SIGNATURE	··	Ŋ	ΔΤΕ·