



FINANCIAL AID SUSPENSION APPEAL FORM

Appeals submitted without proper supporting documentation will not be reviewed.

Appeals must be submitted no later than one week after the first day of classes.

Students wishing to appeal their Financial Aid Suspension must complete the following form. Submission of an appeal form does not guarantee financial aid reinstatement.

1. Complete this form in its entirety.
2. Attach SUPPORTING DOCUMENTATION to this form
3. Meet with the Student Success Center for an Academic Plan. The Academic Plan must be attached to this appeal.
4. **Mail the completed form or submit it to the appropriate office no later than one week after the first day of classes. This is extremely important. Consideration may not be given to appeals presented after the deadline.**

Student's Name _____ Student ID# _____

Local Mailing Address _____

Permanent Mailing Address _____

Phone # _____ Cell Phone # _____

New River E-mail (Required) _____

The following factors contributed to my being placed on Academic/Financial Aid Suspension for the upcoming semester. **SUPPORTING DOCUMENTATION MUST BE ATTACHED.**

- ___ 1. Illness of student or immediate family member (child, spouse, wage earner, parent or legal guardian)
Please attach medical documentation confirming the onset and duration of the illness. The illness may be physical or emotional. Specific information on the illness is not requested.
- ___ 2. Disasters-fire, flood, earthquake, earth tremors, etc. affecting student attendance
Please attach insurance claims or other third party information verifying the date of the disaster.
- ___ 3. Death in Immediate Family causing financial or academic hardship.
Please attach a copy of death certificate or obituary
- ___ 4. Curricula changes (change of major or degree)
Please attach documentation from faculty advisor indicating reasons for curricula issues
- ___ 5. Accidental injuries that incapacitated the student
Please attach medical and/or other documentation verifying the date and duration of the occurrence.
- ___ 6. Loss of employment or change in employment
Please attach a letter from the employer verifying the circumstances and dates of loss or change in employment.
- ___ 7. First Time Freshman: First semester poor academic progress, second semester shows academic improvement with a 2.00 GPA or better.
No documentation required. Academic history will be reviewed.
- ___ 8. Student on financial aid suspension requesting a review of satisfactory academic progress. Please attach your college transcript with complete grades from your most recent semester.

2. Please complete an evaluation sheet for your program and submit it with your appeal. Please list the remaining classes that are still required for graduation. **(This will be completed at the time you meet with the Student Success Center.)**

3. If the appeal is approved for the upcoming semester, my plan for improvement is as follows: Attach an additional sheet, if necessary.

Certifications and Signatures

The person signing below certifies that all of the information reported is complete and correct. The Student also understands that **Students on financial aid suspension should not depend on financial aid to pay tuition and fee expenses, but should be prepared to pay from their own resources pending the outcome of their financial aid appeal.**

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Please returned the Financial Aid Appeal and supporting documents to:
Office of Financial Aid, Attn: Patricia Harmon
280 University Drive
Beaver, WV 25813

You may check the status of your appeal on your My New River account or the New River app.

- Go to www.newriver.edu, login your My New River account, click Self Service Banner and login, click Financial Aid, click Eligibility, click Student Requirements, enter aid year and submit, review your information.
- Log on the New River app: select Financial Aid, select the award year, select requirements, and review your information.

Office Use Only

Request Approved _____ Request Denied _____

Date: _____

Comments of Committee: _____
