

# LETTER OF APPEAL REQUESTING REINSTATEMENT OF FINANCIAL AID FOR SATISFACTORY ACADEMIC PROGRESS at EOU

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

Student ID# \_\_\_\_\_

DATE \_\_\_\_\_

EMAIL Address: \_\_\_\_\_ Major: \_\_\_\_\_

1. Use this form as a cover page.
2. Attach a typed or word-processed letter of appeal which addresses the following:
  - Explain why you did not make satisfactory academic progress in each of your last 3 terms.
  - Explain in detail what changes have occurred (or will occur) that you will be able to make satisfactory academic progress in a future.
  - OPTIONAL: Attach any documentation you feel is necessary to support your appeal. You might want to document why it was difficult to make progress in the past. Or you might want to document a solution to past troubles. Documentation could be a letter from someone who you have been working with supporting your appeal letter (Doctor, Counselor, Instructor, Advisor, Minister, etc.) Or documentation could be something to verify a past an event, (hospital records, accident report, etc.)
3. Use the worksheet on the back to create a Plan of Study showing the classes you plan to take (or re-take) for **every term** up until graduation. Make copies and attach additional pages as needed. Your Plan of Study needs to be signed by your academic advisor.
4. Attach a copy of your unofficial transcript, which you can print from Webster.
5. Return this completed form to the EOU Financial Aid Office. FAX: (541) 962-3661
6. You will be notified **if** you are scheduled for a Financial Aid Committee review.
7. If you have a Federal Work-Study job you are ineligible to work unless your financial aid is reinstated. You must stop working at your Federal Work-Study job immediately.

Do you have a Federal Work-Study job? \_\_\_\_\_ If so, where do you work and who is your supervisor(s): \_\_\_\_\_

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### Please print clearly

If this student has FWS job, make a copy for the student and tell them to show this to the payroll office (203 Inlow) and their FWS supervisor(s)

**\*\*OFFICE USE ONLY\*\***

Appeal Approved \_\_\_\_\_ Appeal Approved/Aid Modified \_\_\_\_\_ Appeal Denied \_\_\_\_\_

Referred to the Financial Aid Committee for Review. Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Official Signature

\_\_\_\_\_ Date

Complete for all remaining terms. Attach other pages as needed.

TERM: \_\_\_\_\_

Course #	Course Title	Credit Hours

Total Credit Hours: \_\_\_\_\_

TERM: \_\_\_\_\_

Course #	Course Title	Credit Hours

Total Credit Hours: \_\_\_\_\_

TERM: \_\_\_\_\_

Course #	Course Title	Credit Hours

Total Credit Hours: \_\_\_\_\_

TERM: \_\_\_\_\_

Course #	Course Title	Credit Hours

Total Credit Hours: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_  
(signature)