



2021-2022
FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS
EVALUATION and
APPEAL of SUSPENSION REQUEST FORM

Student ID: _____

Student Name _____ Telephone Number _____
Mailing Address _____ Student ID _____
City, State, Zip Code _____

Request to Reevaluate Suspension Status:

I request that my suspension status be removed because I have improved my GPA and/or I have completed the
required hours to remove my suspension status, or
I have met the requirements for reinstatement of my TEG. I am requesting that my TEG suspension be reviewed, or
I have completed the course(s) for which I received a grade(s) of "I" (incomplete) and my transcript has been
updated by the Registrar's Office.

Student Signature _____ Date _____

Appeal of Suspension due to Extenuating Circumstance:

I request to appeal my being placed on suspension of financial aid. I believe there have been extenuating
circumstances or other justifiable reasons why I did not make satisfactory academic progress.

IMPORTANT: ALL of the following items must be attached for an appeal of financial aid suspension to be
considered. If one or more of the following items are incomplete, your appeal will be automatically denied:

- 1. A written and signed explanation of BOTH:
a) unusual or mitigating circumstances that you believe prevented or hindered you in making satisfactory
academic progress, and
b) what circumstances have changed, or which corrective actions are you taking, to prevent
future problems.
2. Supporting documentation (must be within term of suspension) relevant to your request for a waiver of
suspension, such as a doctor's statement, hospital discharge records, divorce decree, death certificate, etc.

- I understand that this is NOT an academic appeal but pertains only to my financial aid eligibility.
I understand that my appeal and supplied information must be reviewed and that a waiver is not automatically granted.
I realize I am responsible for all charges to my account and that being denied financial aid or being granted a waiver
does not waive my responsibility to pay debts I owe to the university.
I certify that all information provided is accurate and correct.

Student Signature _____ Date _____

Return this form with any attachments to:
Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211
Please scan, attach and email to finaid@dbu.edu or fax (214)-333-5586.

For Office of Financial Aid Use ONLY

APPEAL DECISION: Program(s) Suspended: ___ Federal ___ TEG Term/Year _____

Remarks: _____

Student must obtain a minimum GPA of _____ next term with no withdrawals, no incompletes and no failing grades.

Date _____ Reviewed by: _____ Director's Decision: Approved _____ Denied _____
Date Reviewed by Committee: _____ Committee Decision: Approved _____ Denied _____

___ SAPV ___ SAPC ___ SAPD ___ Comments / Approval Letter ___ Denial Letter ___ Date Letter Sent