

## FINANCIAL AID APPEAL FORM PROCEDURES

**Final deadline dates** for your appeal is dependent upon the semester for which you are requesting financial aid: September 1 for the Fall semester, February 1 for the Spring semester, June 15 for the Summer session. Failure to submit your appeal by this final deadline date of the applicable semester will result in your appeal being processed for the next upcoming semester.

- 1. Complete and sign (or electronically sign) the attached Financial Aid Appeal Form. Explain in detail what circumstances beyond your control that prevented you from meeting the Standards of Academic Progress in the past and what has changed to allow you to meet these requirements in the future.
- 2. Get documentation supporting your appeal.
  - <u>Did not earn 70% of cumulative attempted hours and/or do not have a 2.0 overall grade point average</u> if your suspension was due to one of the reasons below, documentation to support your circumstances should be attached to the Appeal Form. Although documentation is not required, failure to submit documentation in certain cases may result in your appeal being rejected or denied. Some example of documentation may be:

| accommentation may be:  |   |
|-------------------------|---|
| Cause                   | Documentation   |
| Illness with you or an  | Letter from doctor on office letterhead indicating type |
| immediate family member | of illness, date(s) of treatment and current medical    |
|                         | condition in regard to ability to attend college        |
| Death of an immediate   | Death certificate and/or obituary notice                |
| family member           |   |
| Work related problems   | Letter from employer verifying employment status        |

- Reached maximum attempted credit hours (123/105/90/54 hours)
  - If your suspension was due to attempting more than the maximum cumulative credit hours, in addition to the above documentation that may be needed, you must also submit a completed degree audit. It should include your anticipated graduation date and the signature of the person completing the audit. This degree audit can be obtained by your advisor or division office.
  - If you are in the clinical phase of any allied health program at LSU Eunice, a degree audit is not required.
- 3. You must submit your appeal and all documentation to the Geaux Center. Options for submitting a completed appeal package are:
  - You may bring it to the Geaux Center (inside the Acadian Center, room 117)
  - You may mail it to:

LSU Eunice Geaux Center PO Box 1129 Eunice, LA 70535

- You may email it to: toubre@lsue.edu
- You may fax it to 337-550-1266



- 4. Appeals are reviewed in the order they are received and accordance with the process authorized by the Financial Aid Appeals Committee. You are encouraged to submit your appeal as early as possible. Your Financial Aid Appeal will not be processed until you are officially placed on financial aid suspension by the Financial Aid Office.
- 5. You will be notified of the results by e-mail within approximately 30 working days from the date your appeal and all documentation is received in the Geaux Center.
- 6. If you have any questions concerning your appeal, you may call the Geaux Center at (337) 550-1208.

**Remember:** Your appeal must be received in the Geaux Center before the final deadline date listed on the previous page. Should your appeal be received after the final deadline date, it will be processed for the next upcoming semester.

Revised - March 2020



## Louisiana State University Eunice Financial Aid Appeal Form

Return this completed form and any documentation:

• Drop off at: Geaux Center inside the Acadian Center, room 117

• Mail to: LSU Eunice Geaux Center, PO Box 1129, Eunice, LA 70535

Email to: toubre@lsue.eduFax to: 337-550-1266

| Name:  | Student ID#                                 |
|--|---|
| Mailing Address:   |   |
| City, State, Zip:  |   |
| Phone Number:  |   |
| Semester for which you are appealing: [  | ]Fall [ ]Spring [ ]Summer Year:             |
| circumstances that seriously affected you<br>below, using a separate sheet if necessa<br>support your appeal. All information sub<br>financial aid application will not be proce | beyond your control that prevented you from |
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| Question 1 continued                                    |  |  |
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| Describe in detail what has changed that v<br>progress. | vill allow you to earn satisfactory academic |  |
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| Signature:  | Date:  |  |