



2023-24 Appeal for All Aid

STUDENT INFORMATION

PAGE 1 OF 2

Student Name _____ AU Student ID _____

Daytime Phone _____ Degree: Undergraduate Graduate

Aurora University is required to monitor whether or not students are maintaining Satisfactory Academic Progress (SAP) in their course of study in order to comply with federal regulations. You are currently not eligible for any federal, state, or institutional financial aid. To be considered for financial aid probation, you must submit this form, your written appeal letter, AND supporting documentation. **Completion of this process does not guarantee that your financial aid will be reinstated.** Please note that academic or admission reinstatement does not constitute reinstatement of financial aid eligibility. If you have an outstanding balance, your appeal will be reviewed once paid in full.

SECTION 1: GENERAL APPEAL INFORMATION

I choose to appeal the suspension of my financial aid for the selected semester(s):

SUMMER 2023
SUBMISSION DATE: MAY 8, 2023

FALL 2023
SUBMISSION DATE: AUGUST 28, 2023

SPRING 2024
SUBMISSION DATE: JANUARY 8, 2024

SECTION 2: APPEAL REASON AND DOCUMENTATION

Indicate below which situation applies to your academic difficulty. **ALL** appeals must have supporting documentation.

Appeal Reason	Required Documentation
<input type="checkbox"/> Medical Issue	Documentation from medical professional verifying medical problems experienced and treatment received
<input type="checkbox"/> Death of Family Member	Death certificate and/or obituary
<input type="checkbox"/> Traumatic Life-Altering Event, such as Fire, Tornado, etc.	Evidence of event such as insurance claim or FEMA application
<input type="checkbox"/> Other: _____ _____	Appropriate documentation to verify situation

Note: Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills, and car maintenance/travel to campus are not considered extenuating circumstances for purposes of appealing the suspension of financial aid.

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: finaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.

FAC23APL
10/31/2022

Provide a letter explaining the circumstances that contributed to your academic difficulty as well as how you will perform better academically in the future. As a guideline, include the following information:

1. The circumstance affecting your academics
2. When the circumstance occurred
3. The duration of the circumstance
4. How the circumstance affected your ability to complete your coursework
5. What has changed in your situation to allow you to be academically successful
6. Specific steps you will take to assure the university of your future academic success

CERTIFICATION:

- I have provided documentation to support my appeal.
- I have provided an appeal letter with my appeal.
- To the best of my knowledge, all of the information provided with this form is true and complete. I agree to provide additional proof of the information submitted in my appeal if requested in the review process.
- I have read and understand Aurora University’s Satisfactory Academic Progress policy located on the Aurora University website at aurora.edu/satisfactoryacademicprogress.

Student Signature →**Must be drawn and not typed.**

Date

For Office Use Only:

Comments: _____

- | | |
|---|--|
| <input type="checkbox"/> Approved Term-By-Term (2.0 Term GPA) | <input type="checkbox"/> Re-evaluate after summer grades submitted |
| <input type="checkbox"/> Approved Term-By-Term (3.0 Term GPA) | <input type="checkbox"/> Denied (No Aid) |
| <input type="checkbox"/> Approved Term-By-Term (Quantitative) | <input type="checkbox"/> Approved for the year |

Denied Schol _____ ; will receive _____

Signature: _____ Date: _____