



**OFFICE OF FINANCIAL AID**

Henry Administration Building, Suite 1100  
14000 Jericho Park Rd, Bowie, MD 20715  
P 301-860-3540  
F 301-860-3549  
financialaid@bowiestate.edu  
bowiestate.edu

**APPEAL OF SUSPENSION**

Last Name	First Name	Student ID#
<p>Student must appeal a suspension in writing using this form and answering the questions on this form. <b>The appeal must be based on: your injury or illness, the death of a relative, or other special circumstance.</b></p> <p>There are three possible outcomes to an appeal of suspension:</p> <ol style="list-style-type: none"><li>1. Uphold the suspension (deny the appeal)</li><li>2. Remove the suspension if it had been incorrectly imposed or</li><li>3. Offer the student probation (one semester)</li></ol>		

Major:
Faculty Advisor:
BSU email:
Phone:

Your answers to the following questions **must be typed** and attached to this form. Both questions must be addressed and answered in your appeal.

1. Please explain the circumstances that caused you not to meet Satisfactory Academic Progress. Attach any documentation to support your claims.
2. Please explain what has changed and a plan for meeting SAP at the end of the enrollment period.

I hereby certify that all the information provided to the committee is correct. I am aware that the incorrect or withheld information can result in the denial of my appeal and full enforcement of the suspension.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM AND YOUR APPEAL LETTER TO THE FINANCIAL AID OFFICE**

**TIME FRAME: Appeals are reviewed within 15 business days of receipt of all required documentation in the Financial Aid Office. Results will be sent to your BSU student email.**