Satisfactory Academic Progress
Suspension Appeal Form
For 2021-22 Aid Reinstatement

Student Name: ___________________________ Student ID: ___________________________

BW Email: ___________________________ Daytime Phone #: ___________________________

Major: ___________________________ Expected Graduation Date: ___________________________

Appeal Reason (please check one): □ Medical □ Personal Emergency □ Other ___________________________

Describe the extenuating circumstances that impacted your academic performance*: 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Explain, in detail, how you plan to ensure your future academic success*: 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

* If additional space is needed, you may attach an additional page(s) to this signed appeal form.

I worked with my advisor to develop an academic plan. Please Initial: __________________________

Advisor Signature: _____________________________________________________________________

By signing this worksheet, I certify that all the information reported on it is complete and correct. Because this information may affect federal aid eligibility, purposely giving false or misleading information may cause you to be fined up to $20,000.00, sent to prison or both. I understand any false information may be cause for the denial of my appeal.

By signing this form, I am requesting that upon approval of my Satisfactory Academic Progress appeal, my aid be reinstated for my next term of enrollment.

Your signature must be handwritten; typed and electronic signatures are not accepted.

Student Signature: ___________________________ Date: ___________________________

BW Financial Aid • 275 Eastland Road • Berea, OH 44017 • Phone: 440-826-2108 • Fax: 440-826-8048 • Email: finaid@bw.edu