

# Graduate Academic Progress Appeal 2009-2010 Academic Year/2010 Summer

Office of Student Financial Assistance  
Indiana University  
601 E. Kirkwood Avenue  
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Bloomington, IN 47405-1223  
(812) 855-0321 Fax: (812) 855-7615  
Web site: <http://www.indiana.edu/~sfa>  
OneStart: <http://onestart.iu.edu>

### Purpose:

If you are a graduate student and your aid has been suspended, use this form to appeal. It will take us a minimum of 10-14 working days to review this form. Processing time may be longer during peak office periods. No deferment of IU charges will be granted during this time.

### Requirements:

Refer to the Self-Service tab on *OneStart* (<http://onestart.iu.edu>) to find out which academic progress categories you need to address. Complete all sections that apply to you. **Appeals must be submitted no later than 30 days prior to the end of the enrollment period.** Incomplete or late submission of this appeal may jeopardize your financial aid.

Name (print): \_\_\_\_\_ University ID Number: \_\_\_\_\_  
Last First

### Section 1: Check the categories that apply and provide the required information.

- Category 1: Inadequate completion**  
You have completed less than 75% of attempted coursework.
- Category 2: Too Many Credit Hours for Degree Objective**  
You are a master's degree student (excluding Law and Optometry) and have attempted 60 or more credit hours and have not completed your degree, or you are a doctoral degree student and have attempted more than 125 credit hours.

### Section 2: Students must also meet with the director of their graduate department who will certify the following statements.

Will the student have multiple master's degrees or multiple terminal degrees? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain how these degrees fit into his/her academic and career plans.

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Student is making satisfactory academic progress for the following semester(s): \_\_\_\_\_

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What is the student's anticipated graduation date? \_\_\_\_\_

Director of Graduate Department chair (or other designate):

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: All students must complete this section.

Please provide a written statement that provides an explanation of the specific details leading to academic progress aid suspension. Be as detailed as possible and address any extenuating circumstances that you may have encountered. Please include information about your plan to ensure academic progress up until graduation. Attach additional paper if necessary.

If you have a learning disability, or have experienced an injury, medical, or psychological condition that made satisfactory completion of your coursework impossible, you must submit documentation and a medical statement from the healthcare provider. The healthcare provider must verify your medical condition, the dates in which you experienced this condition, and provide a statement that he/she medically supports your decision to continue your academic pursuits. Additionally, if you experienced a life-threatening illness or death of a parent, sibling, spouse or child that made satisfactory completion of your coursework impossible, you must submit a medical statement from the attending physician or a death certificate.