



FRIENDS UNIVERSITY

2100 W. University St. • Wichita, KS 67213

Financial Aid
Satisfactory Academic Progress
2016-2017

2016-2017 Financial Aid Suspension Appeal Form

Name: _____ SSN: _____ - _____ - _____ Student ID: N _____

Address: _____ City/Zip: _____

Program/Major: _____ Phone Number: _____

Please explain your reason for appealing your suspension. Conditions for appeal include health/medical reasons, academic issues/difficulties, personal/family issues, or other unusual circumstances. Your appeal must include: 1) Why you failed to make satisfactory academic progress; and 2) What has changed what will allow you to make satisfactory academic progress for the next semester of enrollment. Supporting documentation is REQUIRED – please attach to appeal form. SIGNATURE ON BACKSIDE REQUIRED.

Multiple horizontal lines for writing the appeal explanation.

