

## **Financial Aid Suspension Appeal**

Enter requested information **above** the bolded lines.

		$\mathbf{A}$
Student		ID#
Address		Phone Number
Expected CSC Graduation Date		Semester Suspended
Expected CSC Graduation Date		Semester Suspended
Semester Appealing For		
Reason: Excessive Previous Balance	Not making SAP	Max Time Frame
1. Explain or state the circumstances surr Progress (SAP) or have reached Maxim DETAILED as possible. Documentation necessary)	num Time Frame and the re	asons for the basis of this appeal. Be a



\*electronic signature unacceptable\*

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What	are your educational goals at Co	nnors State College	and/or beyond? Describe your degree pl	lan.
			official transcripts are required for subn	
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Includ applica Submi	e copies of additional docume able. t this form and any documentati Connors State College Financial Aid Office 700 College Rd. Warner, Ok 74469	entation such as non to:  OR  Office will not accep	cscfinaid@connorsstate.edu  t any Financial Aid Suspension Appeal	etc.,
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