



**CONNORS**  
— STATE COLLEGE —

## Financial Aid Suspension Appeal

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

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## Student

ID#

## Address

## Phone Number

### Expected CSC Graduation Date

## Semester Appealing For

## Semester Suspended

**Reason: Excessive Previous Balance** \_\_\_\_\_ **Not making SAP** \_\_\_\_\_ **Max Time Frame** \_\_\_\_\_

1. Explain or state the circumstances surrounding what has caused you to fail to make Satisfactory Academic Progress (SAP) or have reached Maximum Time Frame and the reasons for the basis of this appeal. Be as DETAILED as possible. Documentation can be provided if available. (Attach additional sheets of paper as necessary)



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## Financial Aid Suspension Appeal

**2. Describe the actions taken to prevent future recurrence of the lack of satisfactory academic progress.**

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**3. What are your educational goals at Connors State College and/or beyond? Describe your degree plan.**

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4. Attach documentation to support the appeal. Copies of unofficial transcripts and degree check are required for submission. Include copies of additional documentation such as medical statements, academic records, etc., if applicable. If not attached it is an incomplete suspension appeal form and will not be processed.

**5. Submit this form and any documentation to:**

Connors State College  
Financial Aid Office  
700 College Rd.  
Warner, Ok 74469

OR

[cscfinaid@connorsstate.edu](mailto:cscfinaid@connorsstate.edu)

6. **I understand that the Financial Aid Office will not accept any Financial Aid Suspension Appeal that is incomplete or lacks documentation.** I am, therefore, submitting my complete Financial Aid Appeal. I understand that the financial aid office will only review a completed Financial Aid Suspension Appeal. Once a decision has been made, the Financial Aid Office will notify me of the appeal outcome.

Student Signature  
*\*no electronic signature\**