ID # _____

Name _____

LIBERTY UNIVERSITY™ Financial Aid

SAP 09/10

Satisfactory Academic Progress
Suspension Appeal Form

Daytime Phone # _____ LU Email _____

Major _____ Expected Graduation Date _____

Appeal Reason: ☐ Medical ☐ Personal Emergency ☐ Other _____

☐ **By checking this box I am requesting that my aid be reinstated for my next term of enrollment if the appeal is granted.**

Directions:

In addition to this appeal form, you *must* submit documentation from an objective third party (e.g. physician, counselor, lawyer, social worker, teacher, religious leader, death certificate, divorce decree, etc.) to confirm your extenuating circumstance(s).

Describe the extenuating circumstances that impacted your academic performance. Also explain your plan of action to ensure your future academic success:

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Student Signature_____ Date _____

Liberty University's Financial Aid Office

1971 University Boulevard • Lynchburg, VA 24502 • **Phone:** 434-582-2270 • **Fax:** 434-582-2053

Web Site: http://www.liberty.edu/financialaid • **E-mail:** financialaid@liberty.edu