

7411 85<sup>th</sup> Ave North Brooklyn Park, MN 55445 Financial Aid | ES 46| 763-424-0728 Fax: 763-493-0589

## **Appeal Non-Attendance Suspension- Financial Aid**

Last Name	First Name	Stu	dent ID	
Street Address		City	State	Zip Code
Phone Number	Email Address		Term and Year Ro	equesting Reinstatement
T	aid	- fallanda a (attack a dali	.:	Λ.
Contact your current	aid suspension, complete the instructors and request that the your course(s). Please have	ney email the financial ai	d office to confirm that you	, u actively
(Extenuating circum	ons (extenuating circumstand nstances include student injui th as medical or legal stateme	ry or illness, family or co		
Please explain how the semester.	you will address the above e	extenuating circumstand	ce <u>and</u> how you plan to b	e successful the rest
	o you via email. Allow 7-10 busi ock into will not be eligible for fina			
	of tuition and fees. If you choose			
By signing below I certify the	at the information contained in the	nis appeal is true to the be	est of my knowledge.	
Student Signature:		Dat	te:	_
Appeal Decision:	□ Approved	□ Denied	☐ Decision can	not be made
□ Incomplete appeal	☐ Lack of documentation	□ Other/Notes:		