

UNIVERSITY OF WISCONSIN-SUPERIOR
Petition for Financial Aid Reinstatement

RETURN TO:

UW-Superior Financial Aid Office
Old Main, Room 110
Belknap & Catlin, PO Box 2000
Superior, WI 54880-4500
PHONE: (715) 394-8200

PETITION SUBMITTED FOR:

- Fall Semester _____(Year)
 Spring Semester _____(Year)
 Summer Semester _____(Year)

Last term attended UW-S _____
(partial or completed)

Major: _____
Minor: _____

Other colleges attended: _____

Name

Address

City State Zip Code

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Phone

What is your explanation for not maintaining satisfactory academic progress? If your reason is medical, attach supporting evidence to this petition.

Describe and document any extenuating or unusual circumstances that prevented you from making satisfactory progress. Be specific and include any supporting evidence.

Explain how these circumstances have been removed.

I hereby request the Financial Aid Review Committee consider this petition for financial aid eligibility reinstatement. If reinstated, I agree to abide fully by the conditions stipulated by the Committee.

Student's Signature

Student ID Number

Date

*You have the right to a second written petition if your first petition is denied.
There are no personal appeals and the decision of the Financial Aid Review Committee is final.*

COMMENTS BY ADVISOR:

DECISION OF THE COMMITTEE:

First Petition Approved: _____ Second: _____ First Petition Denied: _____ Second: _____

Condition to be met by student: _____

