

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

\_\_\_\_\_  
( )

\_\_\_\_\_  
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 petition the Financial Aid Review Committee to 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 # or Social Security #

\_\_\_\_\_  
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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_