

*Southern University at New Orleans*  
**Office of the Vice-Chancellor for Academic Affairs**  
6400 Press Drive, Bashful Administration Building, Suite 158  
New Orleans, LA 70126  
(504) 286-5381 Phone  
Email: [academicaffairs@suno.edu](mailto:academicaffairs@suno.edu)

**FINANCIAL AID APPEAL PROCESS**

According to federal regulations, students who are denied financial aid based on unsatisfactory academic progress may appeal if one of the following applies:

1. Death or severe illness of an immediate family member.
2. Serious illness or injury to the student or a dependent child.
3. Other traumatic life-altering events that may be considered by the Appeals Committee (natural disaster, incarceration, serious domestic problem, etc.).
4. Special circumstances that the student would like the committee to consider (change of degree program, change of grade(s), academic amnesty, etc.).

Financial aid appeal requests must be submitted in writing to the Financial Aid Appeals Committee in the Office of the Vice-Chancellor for Academic Affairs. **The final day to submit an appeal is the first day of class.** Appeals may not be accepted after this date. **Submission of an appeal does not guarantee financial aid reinstatement.** Further information can be obtained from SUNO's Web Site at [www.suno.edu](http://www.suno.edu).

**WHAT SHOULD YOU DO?**

1. Obtain a Financial Aid Appeal Petition Form from the Office of the Academic Affairs, Administration Building, Room 158.
2. Complete the Financial Aid Appeal Petition Form below.
3. Complete a letter (typed) stating the reason(s) for not maintaining satisfactory academic progress as outlined in the Satisfactory Academic Progress Policy and the reason(s) you feel your financial aid eligibility should be reinstated. **Documentation supporting your letter's reason(s) must be included.**
4. Request a copy of your **updated** transcript from the Office of Records, Administration Building, Room 212, or email [twilliams@suno.edu](mailto:twilliams@suno.edu). There is no charge for the transcript request.
5. Return the completed petition form, appeal letter, documents, transcript(s), and academic action plan to Administration Building, Room 158, to the Office of the Vice-Chancellor of Academic Affairs.
6. Financial Aid Appeals are accepted July 1st for Fall FA appeals and November 15th for Spring FA appeals.

**\*\*\*INCOMPLETE APPEAL PACKETS WILL NOT BE ACCEPTED\*\*\***

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**FINANCIAL AID APPEAL PETITION**

Name \_\_\_\_\_ SID#N \_\_\_\_\_

Local Address \_\_\_\_\_

Street

Apt. #

City

State

Zip Code

Mailing Address (If different) \_\_\_\_\_

Street

Apt. #

City

State

Zip Code

Home Phone #

Work Phone #

Cellular Phone #

SUNO Email Address

Last semester of enrollment at SUNO \_\_\_\_\_

Semester for which you are seeking reinstatement of financial aid \_\_\_\_\_

**APPEAL PACKET CHECKLIST**

Please make sure that the following items are included in your appeal packet.

- Completed Appeal Petition Form
- Appeal Letter
- Updated Transcript
- Documentation/Supporting Information
- Academic Action Plan
- Other \_\_\_\_\_

Specify

I have read and understand the financial aid appeal policies and procedures and affirm that the information I provided in this packet is accurately represented.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date