19-20

Indiana State University

Office of Student Financial Aid
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Phone: (812) 237-2215 or (800) 841-4744
Fax: (812) 237-4330 or (812) 237-3925
Email: ISU-finaid@mail.indstate.edu
Website: www.indstate.edu/financial-aid

Unusual Enrollment History Appeal Form

(Use black or blue ink to complete this form)

Student First Name M.I. Last Name University ID Number

SECTION A. Instructions

Based upon review of your academic records, it has been determined that you received Pell Grant and/or Direct Loan funds during one of the following school years: 2015/2016, 2016/2017, 2017/2018 and/or 2018/2019, but didn't earn credits. In order to request that your financial aid eligibility be reinstated, you must appeal. Appeals must be submitted to the Office of Student Financial Aid no later than 10 business days before the end of the payment period for which aid eligibility reinstatement is desired.

SECTION B. Explanation of Circumstances

1. Why didn't you earn academic credit at your previous institution(s)? If additional space is needed or you prefer to type your statement, attach your document(s) to this form.

2. Attach any supporting documentation to substantiate your claim.
3. Attach an academic plan that spells out what coursework you will be taking each semester while you are attending ISU as well as an anticipated date of graduation. *Examples: DARS, MySam, etc.*

SECTION C. Certification and Signature *Electronic signatures will not be accepted*

I certify that the information I have provided is true and accurate. I understand that my financial aid eligibility is suspended at this time. I understand the Appeal Committee will review my appeal and determine my eligibility for financial aid. The decision of the committee is final.

Student Signature (Required) Date

ATTENTION: If additional information is needed, a financial aid staff member will e-mail the student's ISU e-mail account.

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