

BEMIDJI STATE UNIVERSITY  
Financial Aid Office  
Deputy Hall #14  
Bemidji, MN 56601  
218/755-2034 Fax: 218/755-4361  
[financialaid@bemidjistate.edu](mailto:financialaid@bemidjistate.edu)



## Petition for Reinstatement of Financial Aid

**Directions:** You may appeal the disqualification of financial aid eligibility resulting from failure to meet the Satisfactory Academic Progress (SAP) criteria.

**Note:** Processing of this petition may take up to 2 weeks

- **Section A - Student Information.**
- **Section B - Check box indicating type of suspension.**
- **Section C - Type a statement regarding what happened and what has changed. Attach supporting documentation verifying the situation.**
- **Section D - Develop an academic plan with Advisor, reflecting coursework necessary to graduate. Advisor must sign or provide email approval of plan.**
- **Section E - Student signature.**

### Section A. Student Information

Last Name	First Name, Middle Initial	Student ID
E-Mail Address	Phone Number	Degree – check one ____ Undergrad    ____ Graduate
Mailing Address	City/State	Zip
Semester petitioning: ____ Fall ____ Spring ____ Summer Year _____	Anticipated Grad Date	Program/Major:  Advisor:

### Section B. Check Type of Suspension (indicated on suspension letter)

- ☐ Cumulative GPA below minimum requirement
- ☐ Cumulative percentage completion below 66.67%
- ☐ Maximum Time Frame – if this is the only box marked, please attach documentation explaining your academic history, including why you have exceeded the max time frame criteria and not yet graduated. Also document specific coursework remaining each semester until graduation. **Skip Section C and complete Sections D & E.**

### Section C. Explain Your Unusual/Extenuating Circumstances and Provide Supporting Documentation

- 1.) Attach a typed statement explaining the factors that caused you to fail to meet SAP standards. Be sure to address your progress in all terms where your progress was not satisfactory. The statement should also include what has changed since then to ensure your success.

**NOTE: Extenuating circumstances *DO NOT* include immaturity, not knowing what you want to declare as a major, or lack of studying.**

- 2.) Attach appropriate supporting documentation. Examples include:

- If a family member or significant person in your life has died, please attach a copy of the obituary or death certificate.
- If you, a family member, or a significant person in your life has had a serious illness, accident, or injury, please attach a statement from a doctor or other professional third party, and/or police report, and/or hospital bill.
- If you have experienced personal problems or issues with your spouse, family, or roommate, please attach a statement from a doctor, counselor, lawyer, or other professional third party.
- If you have reduced your work schedule to allow for more time in which to study, please provide a letter from your employer.

### **Section D. Academic Plan Approved By Advisor**

**Instructions:** This plan should include anticipated coursework. It is not a grad plan, nor does it replace any grad plans on file. The student should work with his/her faculty advisor to develop this path to graduation. It is understood that courses listed may not be offered each semester and that course substitutions may occur. The student is not meeting minimum satisfactory academic criteria and this should be considered when determining the appropriate credit level. If a faculty advisor cannot be reached, please contact the Advising Success Center at (218) 755-4226 for assistance.

Term: _____ Year: _____ Total Credits: _____  Dept/Num      Course Title      Credits _____ _____ _____ _____ _____ _____	Term: _____ Year: _____ Total Credits: _____  Dept/Num      Course Title      Credits _____ _____ _____ _____ _____ _____
Term: _____ Year: _____ Total Credits: _____  Dept/Num      Course Title      Credits _____ _____ _____ _____ _____ _____	Term: _____ Year: _____ Total Credits: _____  Dept/Num      Course Title      Credits _____ _____ _____ _____ _____ _____
Term: _____ Year: _____ Total Credits: _____  Dept/Num      Course Title      Credits _____ _____ _____ _____ _____ _____	Term: _____ Year: _____ Total Credits: _____  Dept/Num      Course Title      Credits _____ _____ _____ _____ _____ _____
Term: _____ Year: _____ Total Credits: _____  Dept/Num      Course Title      Credits _____ _____ _____ _____ _____ _____	Term: _____ Year: _____ Total Credits: _____  Dept/Num      Course Title      Credits _____ _____ _____ _____ _____ _____

Comments:

Advisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Section E. Student Certification**

I understand by signing this form I am certifying that the information provided is true.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_