



DEADLINE: All appeals must be submitted before sixty percent (60%) of the term has elapsed for appeal to be effective for current term.

Student Name:

Phone Number: _____

USI Scholarship (if applicable): _____

For the USI Satisfactory Academic Progress policy, refer to this link, www.usi.edu/financial-aid/manage-your-aid/satisfactory-academic-progress

For which reason(s) are you appealing? (Check all that apply)

I am seeking reinstatement of my academic scholarship.

I have made up my deficiencies at my own expense and am now meeting Satisfactory Academic Progress.

I have earned a first bachelor's degree and am working on a second undergraduate degree. **My degree audit showing remaining coursework is attached (DARS, DegreeWorks, or advisor statement)**

I have met the requirements imposed by the Financial Assistance Appeals Committee as a result of my last appeal.

