

# 2017-2018 Satisfactory Academic Progress Appeal

Oregon Tech ID #: \_\_\_\_\_ Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Term for which you are seeking aid: \_\_\_\_\_ Academic Year: \_\_\_\_\_

## Required for Review:

1. Answer **all** three questions below. Be thorough in explaining why you may not have demonstrated progress in prior terms and how you will make satisfactory progress in future terms. Additional documentation to support your statement may be included. (For example, medical documentation)
  2. Complete the Term Planner on the other side of this form with your academic advisor.
  3. Complete Financial Awareness Counseling online at [www.studentloans.gov](http://www.studentloans.gov). Print a copy of the confirmation page and attach it to this appeal.
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1. Explain specifically and in detail what circumstances prevented you from completing the minimum number of credits with the minimum GPA required of you for both terms. (Attach additional pages if needed)
  2. Explain specifically and in detail what you have done or what changes have occurred so that the circumstances described in your answer above will not hinder your progress in future terms. (Attach additional pages if needed)
  3. Provide the current amount of your student loan debt and the amount of your monthly repayment using the Standard Repayment Option from [www.nslds.ed.gov](http://www.nslds.ed.gov) and review the total amounts below that students are eligible for. This information will be listed on the Financial Awareness Counseling confirmation.
    - a. Loan debt amount: \_\_\_\_\_
    - b. Standard Repayment amount: \_\_\_\_\_
    - c. I have reviewed the financial aid limits below and know that there is no appealing the limit once they have been met \_\_\_\_\_ (your initials here)

### Dependent Students

Subsidized Stafford Loan	\$23,000
Total Stafford Loans	\$31,000
Pell Grant	Six full years or equivalency

### Independent Students

Subsidized Stafford Loan	\$23,000
Total Stafford Loans	\$57,500
Pell Grant	Six full years or equivalency

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Aid appeals will not be considered after Tuesday, 5:00 p.m. of the second week of the term.**

Summer '16: July 5, 2017 • Fall '16: Oct 3, 2017 • Winter '17: Jan 16, 2018 • Spring '17: April 10, 2018



### Financial Aid Office

3201 Campus Drive, Klamath Falls, OR 97601  
541.885.1280 (Phone) • 541.885.1024 (Fax)  
[www.oit.edu/faid](http://www.oit.edu/faid) • [dollars@oit.edu](mailto:dollars@oit.edu)

Our office hours are:  
8:00 a.m. to 5:00 p.m.  
Monday-Friday

# Term Planner

Oregon Tech Student #: \_\_\_\_\_

Student Name: \_\_\_\_\_ Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**Message to Advisor:**

This student is experiencing academic difficulty and has a hold on their financial aid. They need your cooperation in outlining a plan to improve their academic standing. The courses outlined below should count toward graduation.

**Please send us your evaluation of this student's ability to succeed.** We will use this information in making a decision to reinstate or suspend financial aid. Please send these comments with the student's name and ID number to:

Tracey Lehman  
Director of Financial Aid  
([tracey.lehman@oit.edu](mailto:tracey.lehman@oit.edu)).

*I have reviewed this term planner with the student*

Advisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Summer (20____)		Fall (20____)		Winter (20____)		Spring (20____)	
Course # & Name	Credits	Course # & Name	Credits	Course # & Name	Credits	Course # & Name	Credits
Total Term Credits		Total Term Credits		Total Term Credits		Total Term Credits	

**Student:** Please keep a photocopy of your planner for your personal records.