



**Financial Aid**  
 May Hall, Room 111  
 Dickinson State University  
 291 Campus Drive  
 Dickinson, ND 58601-4896

**Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday**  
**Phone: 1-800-279-4295 ext. 2371 or 701-483-2371**  
**Fax: 701-483-2409**  
**Web: www.dickinsonstate.edu**  
**Email: dsu.financialaid@dickinsonstate.edu**

## Institutional Aid Appeal

If a student does not meet renewable criteria for an institutional award, an appeal must be completed for the next semester. The appeal must be received by the end of the semester in which the award was revoked. Appeals submitted after this date will result in automatic denial. If the student chooses not to appeal, their award will not be reinstated, regardless if the student is able to meet the renewable terms in a future semester. If an appeal is denied, the award will be revoked indefinitely.

**Student Name:** \_\_\_\_\_ **EMPLID:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

### Type of Aid

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academic Achievement Waiver | <input type="checkbox"/> Housing Waiver                | <input type="checkbox"/> Heritage Merit Scholarship |
| <input type="checkbox"/> Blue Hawk Talon Waiver      | <input type="checkbox"/> Rodeo Waiver                  | <input type="checkbox"/> Transfer Merit Scholarship |
| <input type="checkbox"/> Cultural Diversity Waiver   | <input type="checkbox"/> Centennial Merit Scholarship  | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Fine Arts Waiver            | <input type="checkbox"/> Cornerstone Merit Scholarship |   |

Extra curriculum activities: Athletics  Fine Arts  Clubs (student organization)  Intramurals  Music

### Reason for the Appeal

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Illness – Injury*       | <input type="checkbox"/> Daycare Problems        | <input type="checkbox"/> Poor attendance |
| <input type="checkbox"/> Work Schedule Change    | <input type="checkbox"/> Death of Family member* | <input type="checkbox"/> Low Test Scores |
| <input type="checkbox"/> Transportation Problems | <input type="checkbox"/> Financial Constraints   | <input type="checkbox"/> Other: _____    |

*\*Examples of documentation include: obituary notice, medical letter from doctor, or other form of official documentation.*

#### *Identify the top three challenges that have negatively influenced your academic progress*

<u>Academic</u>	<u>Personal/Other</u>	<u>Major/Career</u>	<u>Family/Social</u>
___ Ineffective study skills	___ Health problems/concerns	___ Uncertain about chosen major	___ Roommate issues
___ Undeveloped time mgmt. skills	___ Hard to get out of bed in morning	___ Changed major more than once	___ Personal relationship issues
___ Unprepared for exams	___ Use or abuse of alcohol or other substance(s)	___ Uncertain of associated jobs and major	___ Family situation
___ High School approach doesn't work in college	___ Possible learning disability/variation	___ No clear goals for career	___ Environmental acclimation issues
___ Hard to focus/concentrate/daydreaming	___ Difficulty sleeping at night	___ Dickinson State may not be good "fit" for me	___ Difficulty adjusting to college life
___ Difficult classes/not prepared for course level	___ Pressure, stress, anxiety or tension	___ Other: _____	___ Difficulty making friends/loneliness
___ Conflict with professor/adjunct instructor	___ Excessive social networking		___ Other: _____
___ Difficulties understanding content or relevance in course materials	___ Over committed with extra-curricular activities/programs		
___ Registered for too many classes	___ Lack of motivation		
___ Poor class attendance/participation	___ Working excessive hours		
___ Other: _____	___ Other: _____		

Describe in detail the unusual circumstances. How has it impacted your academic performance? What steps have you taken to attempt to remove the circumstances which negatively impacted your academic performance/progress?

What academic assistance resources have you utilized at Dickinson State University (Academic Success Center (ASC), Disability Services, Writing Lab, Tutoring, or TRiO Student Services)?

The information provided on this form in my written statement and accompanying documentation is accurate and complete to the best of my knowledge. I agree to provide additional documentation if requested by the committee.

**Please attach a copy of your transcript.**

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

**For Office Use Only**

**Before reinstatement of any institutional aid - a majority approval vote must take place. If unable to attend meeting, vote may be cast by email from a committee member for the signature below.**

<b>Institutional Aid Appeal Committee Members</b>	<b>Approved</b>	<b>Denied</b>	<b>Date</b>
Financial Aid			
Athletic Department			
International Programs			
Business Affairs			
College of Arts & Sciences			
College of Education, Business, & Applied Sciences			
VPAA or Designee			
ED Heritage Foundation or Designee			
<b>Consensus:</b>	<b>Approved/Denied: _____</b> <b>Date: _____</b>		