

# Dickinson State University

291 Campus Drive  
Dickinson, North Dakota 58601-4896



## Institutional Aid Appeal Form

Student  
Information:

\_\_\_\_\_

First Name	Last Name	Student ID #
------------	-----------	--------------

\_\_\_\_\_

Address	City	State & Zip Code	Phone/Cell
---------	------	------------------	------------

- Type of Aid:
- |  |  |
|--|--|
| <input type="checkbox"/> Academic Achievement Waiver | <input type="checkbox"/> Blue Hawk Talon Waiver  |
| <input type="checkbox"/> Cultural Diversity Waiver   | <input type="checkbox"/> DSU Rodeo Award         |
| <input type="checkbox"/> DSU Roughrider Award        | <input type="checkbox"/> Fine Arts Waiver        |
| <input type="checkbox"/> Housing Waiver              | <input type="checkbox"/> Institutional Waiver    |
| <input type="checkbox"/> Senior Citizen Waiver       | <input type="checkbox"/> Spouse/Dependent Waiver |

Which semester are you appealing? Fall  Spring  Summer

E-mail  
address:

\_\_\_\_\_

Extra curriculum activities: Yes  No

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 (documentation required) |

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.

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

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

Identify top three challenges which have negatively impacted your academic progress.

Academic

- \_\_\_\_\_ Ineffective study skills
- \_\_\_\_\_ Undeveloped time mgt skills
- \_\_\_\_\_ Unprepared for exams
- \_\_\_\_\_ High School approach doesn't work in college
- \_\_\_\_\_ Hard to focus/concentrate/daydreaming
- \_\_\_\_\_ Difficult classes/not prepared for course level
- \_\_\_\_\_ Conflict with professor/Adjunct instructor
  
- \_\_\_\_\_ Difficulties understanding content or relevance in course materials
- \_\_\_\_\_ Registered for too many classes
- \_\_\_\_\_ Poor class attendance/participation
- \_\_\_\_\_ Oppressive/unwelcoming classroom climate

Personal/Other

- \_\_\_\_\_ Health problems/concerns
- \_\_\_\_\_ Hard to get out of bed in morning
- \_\_\_\_\_ Use or abuse of alcohol or other substance(s)
- \_\_\_\_\_ Possible learning disability/variation
- \_\_\_\_\_ Difficulty sleeping at night
- \_\_\_\_\_ Pressure, stress, anxiety or tension
- \_\_\_\_\_ Excessive social networking (Facebook, Myspace, YouTube)
- \_\_\_\_\_ Over committed with extra curricular activities/programs
- \_\_\_\_\_ Lack of motivation
- \_\_\_\_\_ Working excessive hours

Major/Career

- \_\_\_\_\_ Uncertain about chosen major
- \_\_\_\_\_ Changed major more than once
- \_\_\_\_\_ Uncertain of associated jobs and major
- \_\_\_\_\_ No clear goals for career
- \_\_\_\_\_ Dickinson State may not be good "fit" for me

Family/Social Adjustment

- \_\_\_\_\_ Roommate issues
- \_\_\_\_\_ Personal relationship issues
- \_\_\_\_\_ Family situation
- \_\_\_\_\_ Environmental acclimation issues
- \_\_\_\_\_ Difficulty adjusting to college life
- \_\_\_\_\_ Difficulty making friends/loneliness

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 Educational Enhancement Services (EES)?

# Institutional Aid Appeal

(Please complete top portion)

Name (please print): \_\_\_\_\_ EMPL ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

---

**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.**

**Decision:**

Institutional Aid Appeals Committee:

_____	Approved/////////Denied	_____
Member		Date
_____	Approved/////////Denied	_____
Member		Date
_____	Approved/////////Denied	_____
Member		Date
_____	Approved/////////Denied	_____
Member		Date
_____	Approved/////////Denied	_____
Member		Date
_____	Approved/////////Denied	_____
Member		Date
_____	Approved/////////Denied	_____
Member		Date

Approved Date \_\_\_\_\_

Denied Date \_\_\_\_\_

Applied to Student File Date \_\_\_\_\_

Applied By (Initials) \_\_\_\_\_