

ADDITIONAL INFORMATION

1. What is your current degree or certificate objective? _____
2. What is your anticipated graduation date? _____
3. Who is your advisor? _____ In which department? _____
4. After you complete your degree or certification program, what are your career goals?

5. What changes have occurred that will enable you to meet the satisfactory progress requirements?

6. Which of the following resources have you used at Missouri State University? Mark all that apply:

<input type="checkbox"/> Advisement Center	<input type="checkbox"/> Multicultural Resource Center
<input type="checkbox"/> Adult Student Services	<input type="checkbox"/> Reading & Study Skills Center
<input type="checkbox"/> Athletic Academic Support Services	<input type="checkbox"/> Student Academic Support Services
<input type="checkbox"/> Career Planning & Placement	<input type="checkbox"/> Taylor Health & Wellness Center
<input type="checkbox"/> Counseling Center Services	<input type="checkbox"/> TRIO Services
<input type="checkbox"/> Disability Support Services	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Learning Diagnostic Clinic	<input type="checkbox"/> Writing Center
<input type="checkbox"/> Math Tutorial Lab	<input type="checkbox"/> Other _____

Signature

Date

PLEASE NOTE

DEADLINE: An appeal for the current semester will not be considered after the **tenth week** of classes (**fourth week** in the summer). Appeals for prior semesters will not be considered.

If your appeal is denied through the review process, you will be given an opportunity to request a personal hearing with the Financial Aid Appeal Committee. You may submit additional information and documentation at the hearing. The decision of the Appeal Committee is final.

RETURN TO:

Missouri State University
Office of Student Financial Aid
901 South National
Springfield, Missouri 65897