

**HOWARD PAYNE UNIVERSITY ---- ACADEMIC and/or FINANCIAL AID APPEAL**

CHECK THE APPROPRIATE TYPE(S) OF SUSPENSION			
	ACADEMIC SUSPENSION		FINANCIAL AID SUSPENSION
	PROVISIONAL ADMISSION CONTRACT SUSPENSION		UNSATISFACTORY ACADEMIC PROGRESS

PRINTED NAME: \_\_\_\_\_ SID or SSN: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 \_\_\_\_\_ CELL #: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

I am requesting a review of my suspension based on the following extenuating circumstance(s):

- \_\_\_\_\_ personal problems (family issues, illness or death of a family member) – **BE VERY SPECIFIC**
- \_\_\_\_\_ adjustment to college life
- \_\_\_\_\_ time management (working too many hours, not allowing enough study time)
- \_\_\_\_\_ illness (recent or long-term) – Provide specific information – Dates, physicians notes, etc.
- \_\_\_\_\_ Other – Be specific: \_\_\_\_\_

**ATTACH A DETAILED LETTER OF APPEAL EXPLAINING YOUR EXTENUATING CIRCUMSTANCE AND HOW YOU PLAN TO ADDRESS YOUR ACADEMIC PROBLEMS AND IMPROVE YOUR CURRENT ACADEMIC STATUS.**

PLEASE COMPLETE THE FOLLOWING:

1. My Major / Field of study: \_\_\_\_\_
2. My Anticipated Date to Complete Degree Requirements (Graduate): Month \_\_\_\_\_ Year \_\_\_\_\_
3. I HAVE A COMPLETED DEGREE AUDIT/DEGREE PLAN ON FILE IN THE REGISTRAR'S OFFICE: YES \_\_\_\_\_ NO \_\_\_\_\_  
(If you answered "NO" above, and you have completed 60 credit hours or more, your appeal will not be considered until you have a valid degree plan on file.)
4. The courses I plan to take in the forthcoming semester are: (Please indicate if any of these courses are repeats.)  

	(REPEAT)		(REPEAT)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Return completed form by mail or FAX:** Office of the Registrar, 1000 Fisk Street, Brownwood, TX 76801  
 Office of the Registrar - FAX# 325/649-8909 or Office of Financial Aid - FAX# 325/649-8973

**REQUEST FOR TRANSFER COURSE APPROVAL**  
*TRANSFER REQUEST FORMS MUST BE PICKED UP OR REQUESTED DIRECT FROM THE REGISTRAR'S OFFICE*

Students who desire to repeat a course or courses at another college or university must complete and submit a signed Request for Transfer Course Approval to the Registrar's Office. The Request must be signed by the student and the student's advisor. The properly completed request must be submitted PRIOR to beginning enrollment.

COMMITTEE USE ONLY: \_\_\_\_\_ APPEAL GRANTED \_\_\_\_\_ APPEAL DENIED DATE: \_\_\_\_\_  
 APPEAL TABLED UNTIL \_\_\_\_\_ DUE TO \_\_\_\_\_