



Financial Aid Advisory Committee Petition/Appeal Request

Student Name

CSN ID#

Email

Phone

A. Please specify reason for your petition by checking all that apply:

- Received notification of financial aid suspension. Please provide supporting documentation
Satisfactory Academic Progress Suspension credit/GPA deficiency.
*Maximum credit limitation. (Credits attempted at all institutions apply)
*Completion of Bachelor's Degree in the field of ... from ...
Transfer credit evaluation must be completed with the Office of the Registrar
*Completion of an Associate's Degree in the field of ... from ...
Transfer credit evaluation must be completed with the Office of the Registrar
*Completion of a certificate/diploma in the field of ... from ...
Applicable certificate programs of more than a year in length or the equivalent of 30 college credits
Failed to register with Selective Service between the ages of 18-26. (Attach Consultation letter from Selective Service)
Other

*Special note: If you are transferring to CSN, please be advised that your petition will not be reviewed until the evaluation of your transfer credits has been completed by the Office of the Registrar.

B. My declared major with the Office of the Registrar is:
(Declared major must match student record in the Office of the Registrar)

C. Please explain in detail the circumstances which support your petition. Provide all documentation to support your request. Attach a separate sheet of paper if additional space is needed.

Blank lines for providing detailed explanation and documentation.

Student Signature

Date

Student Financial Services -Henderson
Sort Code H4B
700 College Drive
Henderson NV 89002-8419
(702) 651-3044 / fax (702) 651-3546

Student Financial Services - West Charleston
Sort Code W17D
6375 West Charleston Boulevard
Las Vegas NV 89146-1164
(702) 651-5660 / fax (702) 651-7495

Student Financial Services - Cheyenne
Sort Code C1S
3200 East Cheyenne Avenue
North Las Vegas NV 89030-4228
(702) 651-4047 / fax (702) 651-4631

Financial Aid Advisory Committee Petition/Appeal Request (continued)

ACADEMIC ADVISOR USE ONLY

Student needs _____ credits to complete _____, which is the student's declared major and educational goal at the College of Southern Nevada.

Advisor Signature

Date

Advisor Printed Name

PETITION/APPEALS COMMITTEE USE ONLY

Department	Approved	Postponed	Denied	Additional Comments
Administration				
Academic Counselor				
Office of the Registrar				
Student Retention				
Student Financial Services				

COMMITTEE CHAIR USE ONLY

Decision:

Granted

Postponed

Denied

Granted:

Reinstatement

Continued Probation

Additional coursework

Postponed:

Need Doctor's release to return to school

Must show academic progress

Meet with academic counselor/advisor

Meet with Health Occupation Advisor

Denied:

Must complete SAP

Additional coursework

Comments: _____

SUSPENSION STATUS

Probation _____

Qualitative

First appeal

Yes

No

Suspension _____