



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
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Institutional Aid Appeal

Student Name: _____ **EMPLID:** _____ **Semester:** _____

Address: _____ **Email:** _____

Type of Aid

- | | | |
|--|--|---|
| <input type="checkbox"/> Blue Hawk Talon Waiver | <input type="checkbox"/> Housing Waiver | <input type="checkbox"/> Heritage Merit Scholarship |
| <input type="checkbox"/> Cultural Diversity Waiver | <input type="checkbox"/> Rodeo Waiver | <input type="checkbox"/> Presidential Scholarship |
| <input type="checkbox"/> Fine Arts Waiver | <input type="checkbox"/> Spouse/Dependent Waiver | <input type="checkbox"/> Other: _____ |

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 Educational Enhancement Services (EES)?

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.

Institutional Aid Appeal Committee Members	Approved	Denied	Date
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			
Consensus:	Approved/Denied: _____ Date: _____		