



LOUISIANA TECH UNIVERSITY
Office of Financial Aid
Informal Request for Satisfactory Academic
Progress Review 2024-2025

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272

This form is to request an informal review of the student's Satisfactory Academic Progress status. Please ensure that the form is completed in its entirety and submitted to the Office of Financial aid via NetPartner or in person. DO NOT email this document.

Disclaimer regarding Fee Payment: If you register for classes, you must attend them in order to be considered eligible for Financial Aid. If your Informal Review is denied, and you have unpaid tuition and fees, you must contact the Office of the Comptroller concerning your balance. Due to the large volume of reviews submitted, it may take several weeks for the review to be completed. You are responsible for your tuition and fees. You will be notified via your campus email once a decision has been made regarding your review.

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN
STUDENT'S Mailing Address (include Apt. No.)			STUDENT'S Date of Birth (MM/DD/YYYY)
City	State	Zip Code	STUDENT'S Home Phone (Include area code)
STUDENT'S Email Address			STUDENT'S Cell Phone (Include area code)

Current Academic Level:

☐ Undergraduate student ☐ Graduate student

I hereby request a review of my GPA and/or Pace as of:

I believe I am now meeting Satisfactory Academic Progress standards, and
I request to have my financial aid eligibility restored beginning:

My current cumulative GPA is

My overall Pace has reached the minimum 67% requirement:

(earned hours) divided by (attempted hours)

CERTIFICATION STATEMENT: I certify the information submitted in this request is true and correct to the best of my knowledge. I have read the Satisfactory Academic Progress Policy (<https://www.latech.edu/documents/2024/07/fa-policy-1-24-25-satisfactory-academic-progress-policy.pdf>) and believe that I am now meeting policy guidelines. I understand that reestablished eligibility is not retroactive to earlier quarters. I also understand that I will be notified of the final decision via my university email.

Based upon the results of this review, I hereby request that any eligible Federal Financial Aid be reinstated.

Student Signature:

Date: