



Satisfactory Academic Progress Appeal Form

Name: _____ Banner ID: _____

This is an appeal seeking Financial Aid Probation and reinstatement of aid eligibility for:

Summer semester, 20____ Fall semester, 20____ Spring semester, 20____

INSTRUCTIONS: Complete this form and attach a letter explaining the reason(s) for your failure to maintain satisfactory academic progress and your plan to successfully meet the satisfactory academic progress standards. You must describe in detail the circumstances relating to your academic history. For example, if your academic performance was negatively affected by circumstances beyond your control, including but not limited to, personal or family accident, illness, or crisis; death of a close family member; loss of employment or employment transition; or divorce, you should include specific information about how those circumstances affected your ability to make satisfactory academic progress. You must also explain how these challenges have been addressed and why you now believe you are able to make satisfactory academic progress. You must include in your appeal a specific plan to meet the satisfactory academic progress standards during your next semester of enrollment. If you cannot meet the satisfactory academic progress standards within one semester, your appeal must include a proposed academic plan detailing what steps you will take and the time frame in which you will meet the satisfactory academic progress standards.

In addition, and whenever possible, you must include independently verifiable supporting documentation. Documentation may include a letter from a medical practitioner, lawyer, priest, or pastor who is familiar with the student's circumstances; copies of bills; or copies of reports from government or local authorities. The documentation must contain the name and telephone number of a contact person if the Appeals Committee wishes to confirm the authenticity of the documentation. The Appeals Committee has the right to ask you for additional information as necessary.

Student's Statement: I affirm that the information given in this appeal is true and correct and authorize the Appeals Committee to verify any of the information submitted.

Student's Signature

Date

If your appeal is denied, you will be ineligible for financial aid. If this appeal is being submitted for a semester that has already begun, you should contact the Business Office to make payment arrangements pending the final decision.

*****For Use by the Appeals Committee and Student Financial Planning Staff*****

Appeal Received: _____ Appeal has been APPROVED DENIED.

Appeal Approvals: Academic Plan reviewed, approved and on file with the Director of Academic Success: ___ Yes

Special Conditions (describe here or attach letter detailing any special conditions): _____

Assistant Dean of Admissions and Student Financial Planning

Date