

## Financial Aid Satisfactory Academic Progress Appeal Form

| Print Name:   | nt Name: ID #:            |  |  |                   |  |
|---|---------------------------|--|--|-------------------|--|
| Email Address:  |                           |  |  |                   |  |
| Address:  |                           |  |  |                   |  |
|   | Street Address            | City   | State  | Zip               |  |
| Phone:  |                           | Majo   | r:   |                   |  |
| (Contact information sl                                       | hould reflect where you c | can be reached during the appear                       | al process.)   |                   |  |
| For what upcoming   | g term/year are you si    | ubmitting this appeal?                                 | _FallSpringSummer                                    | Year:             |  |
| v   |                           | prior to the beginning of a on deadline is a week befo | the term for which you are app<br>ore classes begin. | pealing, with the |  |
| Reason on FA Susp   | <u>L</u>                  | _ Pace (2/3) Both _                                    | More than 150% hours                                 |                   |  |
| Part A: Basis for Appeal and Provide Documentation (Mark One) |                           |  |  |                   |  |
| An Injury   | or Illness of the Stu     | ıdent  |  |                   |  |
| Death of a  | n Immediate Family        | y Member   |  |                   |  |
| Other <u>Doc</u>  | <u>cumented</u> Events    |  | attach information                                   |                   |  |
|   |                           |  |  |                   |  |

## **Part B: Instructions for Submitting Appeals**

## Attach:

- 1) Signed letter of explanation of the Basis for Appeal indicated above. It is important that your explanation 1) addresses *specific* issues, 2) includes what happened, and 3) how the situation has changed to allow for academic success.
- 2) Acceptable documentation supporting your appeal *must* be submitted or your appeal will be delayed.

  \*\*Examples: physician statements, medical receipts, letters from staff, faculty, counselors or others who are familiar with your specific situation, DegreeWorks printout, death certificates, accident or police reports, other official documents regarding your situation, etc.

Character references and statements of good intentions and aspirations alone are not sufficient.

**Review of Appeals:** The committee will review your 1) academic transcript, 2) letter of appeal 3) appeal form, which must include plan of action and advisor's signature and 4) relevant documentation. You will be notified by postal mail or by email of the decision made within ten working days of the of the committee's decision. If denied, you may request a level two appeal within three calendar days through the Director of Financial Aid.

## Part C: Academic Objectives This section to be completed by the advisor after meeting with the student.

Minimum Academic Progress toward a degree for this purpose is defined as:

1) Students on Financial Aid Suspension because of not meeting grade point average standards