



## Financial Aid Satisfactory Academic Progress Appeal Form

Term:  Fall  Winter  Spring  Summer

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**1. Reasons for Financial Aid Appeal Request:**

Attach a signed summary of the verifiable extenuating circumstance that caused your lack of compliance with the Satisfactory Academic Progress Guideline. The circumstance must be a reason beyond the control of the student, such as illness, accidental injury, or death of an immediate family member. **Poor performance in class is NOT an extenuating circumstance.**

**2. Document your Reason:**

Provide Proof of your circumstances such as: a statement from a doctor including a release to return to school, an accident report, or an obituary. **Failure to provide adequate documentation will result in your appeal being denied.**

**3. Plan of Action:**

Summarize the action you will take to ensure future academic success.

Please include **ALL** documentation you wish to be considered with this form. It is your only representation before the Financial Aid Office considers your appeal. The Financial Aid Office **will not** review an appeal until all the requested information has been received. You will receive a written response within two business days after your completed appeal has been reviewed. If your appeal is approved, you might be required to complete the academic plan with your academic advisor.

**My signature verifies that I have read the procedures above and that all statements and documents attached are true and accurate.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

[ ] Appeal Approved

[ ] Appeal Denied

Award: [ ] AY [ ] FA [ ] WN [ ] SP [ ] SU

Comments:

\_\_\_\_\_

\_\_\_\_\_

Academic Plan Required: [ ] Yes [ ] No

Communication Sent on: \_\_\_\_\_

FA Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_