



Satisfactory Academic Progress Appeal Form

Name: _____ Student ID#: _____

Email: _____ Phone: _____

Please Check Term: **Fall** **Spring** **Summer**

Instructions: You must submit a typed letter to appeal your financial aid failed status. Your appeal letter must include three areas: **1.)** The reason for your Financial Aid appeal request **2.)** You must document your reasons stated in your letter **3.)** You must include a plan of action on how you plan to meet satisfactory progress that includes an academic plan from either the Registrar or your academic advisor.

Reason for Financial Aid appeal request:

Attach a **signed summary** of the verifiable extenuating circumstances that caused your lack of compliance with the Satisfactory Academic Progress guidelines. The circumstances must be reasons 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.**

Document your reasons:

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. Please include **ALL** documentation you wish to be considered with this form. It is your only representation before the Financial Aid Appeals Committee.

Plan of action:

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

The Committee will not review an appeal until all the requested information has been received. You will receive a written or an email response within ten business days after your completed appeal has been reviewed.

Please note that until the committee has rendered a decision on your appeal any tuition and fee expenses for the term you are appealing for will be your responsibility

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

SIGNATURE: _____

DATE: _____