



Financial Aid Satisfactory Academic Progress Appeals Request

Name _____ ID/Social Security # _____

Address _____

Phone # () _____ Date of Birth _____

Students who are not meeting the satisfactory academic progress policy may appeal for reinstatement of financial aid eligibility. An appeal can only be submitted if a student’s failure to make satisfactory academic progress is based upon events beyond the student’s control. Please follow the following steps:

Step 1: You must provide a signed letter of explanation detailing the circumstances that led to the satisfactory academic progress violation. Documentation is **REQUIRED** to back up the reasons that you have indicated in your letter that prevented you from making satisfactory academic progress. Attach your documentation and your letter of explanation to this form.

Listed below are examples of events/circumstances that merit an appeal:

- Birth or death of an immediate family member
- Serious injury or illness to student or immediate family member
- Significant trauma in student’s life that damaged student’s emotional/physical health
- Personal or family emergency

Step 2: In your letter of explanation, also indicate what you have done/plan to do to address the problems that prevented you from making satisfactory academic progress. This plan of action along with any other documentation will be taken into consideration when making a decision regarding your appeal. An appeal submitted without an Academic Success Plan for Financial Aid Eligibility will **NOT** be considered.

Step 3: Certification and signature. I, _____, am requesting to have my eligibility for financial aid reinstated. I understand that my appeal will not be reviewed if it is incomplete or lacks documentation. By signing this form, I certify that the information provided in my letter and documentation is truthful and accurate.

Signature

Date

FA OFFICE USE ONLY:

Date received by FAO: _____ Outcome: Granted _____ Denied _____

Date of review: _____ If granted, effective term: _____

Comments: _____



FINANCIAL AID - ACADEMIC PLAN WORKSHEET

You **must meet with your advisor** to complete this form to be considered for an appeal. Please submit this worksheet with your request to avoid delays in considering your appeal.

NAME: _____
(PRINT NAME)

STUDENT ID: _____

ADVISOR: _____
(PRINT NAME)

DATE: _____

Student: Briefly state your academic goal.

Advisor: List courses in which student has earned a “D”, “W”, OR “F” grade.

COURSE	GRADE	SEMESTER TAKEN

PROGRAM: _____

EXPECTED GRADUATION DATE: _____

Advisor: Complete the following section by outlining courses needed to complete each semester. Please include current semester enrollment and all future terms through graduation. Students must enroll only in classes necessary to complete program of study. Attach an additional sheet if necessary.

Term:_____ Year:_____	Term:_____ Year:_____	Term:_____ Year:_____
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Total Crs:	Total Crs:	Total Crs:

Term:_____ Year:_____	Term:_____ Year:_____	Term:_____ Year:_____
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Course: Crs:	Course: Crs:	Course: Crs:
Total Crs:	Total Crs:	Total Crs:

Total Credits Required _____ - Total Credits Completed _____ = Total Credits Remaining _____

We (student/advisor) have completed the above requested information to the best of our knowledge and we know that this information will be used when evaluating the student’s financial aid request.

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____