



**Financial Aid
SATISFACTORY ACADEMIC PROGRESS
Appeal Form**

Name: _____ Student ID: _____

Mailing Address: _____
Street address City State Zip

E-mail Address: _____ Phone Number: _____

Major(s): _____ Expected Graduation Date: _____

Academic term for which this appeal is requested: _____

Reason for loss of financial aid eligibility: (check all that apply)

- Deficient grade point average (If you've been academically suspended, you must be reinstated academically *before* asking for financial aid reinstatement.)
- Completion rate is below the 67% minimum requirement.
- Exceeded the maximum number of hours allowed for declared program.
- Did not meet the terms of a previous appeal.
- Other _____

INSTRUCTIONS: Attach a TYPED letter that addresses these items:

- Explain detail the circumstances that prevented you from making satisfactory progress. Your appeal must be based on extenuating circumstances that were beyond your control. Lack of awareness of withdrawal policies, requirements for satisfactory academic progress, or unpreparedness for college coursework will not be accepted as reasons for an appeal.
- Specifically outline your plan to improve your academic progress and explain what has changed that will allow you to meet the requirements in the future. Examples: seek tutoring, work less hours, take fewer credits, personal/health problems have been resolved and how, etc. A specific plan of action is required and you must adhere to that plan.
- Include 3rd party documentation to verify and/or add strength to your appeal (a letter from your advisor, faculty, doctor, clergy, counselor, social worker, employer, medical bills, etc).
- If you are appealing due to exceeding the 150% maximum attempted credit hour limit, you must include a program evaluation from DegreeWorks, the Registrar's Office, or the Graduate Office. Specifically address what courses you have remaining and when you plan to complete your degree. Only remaining courses required for degree completion will be allowed.

***Appeals must be submitted by the end of the first week of the term for which it applies
(May 31st for the summer term).***

I certify that the information provided in this appeal request is accurate to the best of my knowledge. I understand that I will be notified in writing as to whether my appeal was granted or denied. If denied, it is my responsibility to pay my bill or withdraw. The decision of the Appeals Committee is final.

Signature

Date