
APPEAL OF SATISFACTORY ACADEMIC PROGRESS

Student's Name: _____ k Number _____ Phone: _____

Term you are appealing: Fall Spring Summer 20_____

Please check off each step as you complete it and turn in this form with your academic plan and any documentation together to the One Stop Office.

1) Write a detailed explanation of the unusual or extenuating circumstances that prevented you from meeting the minimum financial aid standards. If you need additional space, please use a separate paper.

2) Outline the steps you will take to ensure future success attaining your academic goals. Examples: meeting with an academic advisor or counselor, tutoring, ensuring more time for coursework by cutting back work hours, etc.

3) Complete an academic plan.

4) Attach supporting documentation of your unusual or extenuating circumstances and your plans for future success. For example, copies of obituaries, doctor bills, a supporting statement from an academic advisor, etc.

All of the information provided in this appeal is true. I understand that appeals without sufficient documentation will be automatically denied.

Student signature _____ Date _____