APPEAL OF SATISFACTORY ACADEMIC PROGRESS

Student's Name: _____ k number_____ Phone: _____

Term you are appealing: ◯Fall ◯Spring ◯Summer Year: 20__

Please check off each step as you complete it and attach documentation to this form.

☐ 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) Attach supporting documentation of your unusual or extenuating circumstances or 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_____

Office Use Only

Required GPA: _____ Required Completion Rate: _____ Previous Appeal? _____

Current GPA: _____ Current Completion Rate: _____ Approved: _____ Denied: _____

Comments:

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