

## SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Please complete this form and supply any required documentation to the Office of Financial Aid in order for your appeal to be reviewed by the Financial Aid Office. If the submitted appeal is considered complete, the decision will be made and you will be contacted within 5-10 business days.

|                           |
|---------------------------|
| Name<br>(First and Last ) |
| ID #:                     |
| Current term:             |

### Academic Documentation:

Academic probation, academically at risk letter from dean

Documentation showing that you are returning from a leave of absence

Academic Action Plan (Aspire)

Other \_\_\_\_\_

### Extenuating Circumstance:

Serious illness of student--statement from physician that illness interfered with student's ability to meet SAP along with written letter of appeal from student.

Serious illness of immediate family member--statement from a physician along with written letter of appeal from student.

Death of an immediate/close family member--statement from a minister, nearest relative, or an unbiased concerned adult along with written letter of appeal from student.

Disruptive internal family problems—legal/court documentation from lawyer, statement from parents, minister, or an unbiased concerned adult along with written letter of appeal from student.

Other \_\_\_\_\_

**Action Steps:**

What has changed in your situation and what academic improvement steps are you taking?

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Student Signature \_\_\_\_\_ Date: \_\_\_\_\_