Satisfactory Academic Progress Appeal Form

Student Name _________________________ Student ID _____________

Academic Program ______________________ Classification  FR  SO  JR  SR  GR

1. Check the basis on which your Federal/State financial aid was denied:
   □ Insufficient GPA
   □ Insufficient Pace of Completion
   □ Did not meet Academic Plan requirement
   □ Maximum Time Frame Exceeded

2. Check the reason you were unable to maintain Satisfactory Academic Progress during the previous term:
   □ Death or major illness within immediate family
   □ Personal illness or injury
   □ Other special circumstance

3. Please explain the specific circumstances that prevented you from making Satisfactory Academic Progress during the previous academic semester. Attach as many additional pages as needed to fully explain your individual circumstance(s).
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. Please explain what has now changed and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program. Attach any additional pages or provide additional documentation as needed.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

All students MUST meet with their Academic Advisor and provide written Academic Plan. Also, have him/her complete the following section and provide his/her signature.

<table>
<thead>
<tr>
<th>Student’s Major</th>
<th># of academic credits toward program</th>
<th># of credits needed to complete program</th>
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Academic Advisor Signature ______________________________________          Date__________________________

Student Signature ____________________________________________          Date ________________________

Please submit completed form to the Student Financial Assistance Office for review. You will be notified of the results of your appeal.