**2018– 2019 SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**

Emplid: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Last Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ First Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Email: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Summer: \_\_\_\_\_\_\_\_\_\_ Fall: \_\_\_\_\_\_\_\_\_\_ Spring: \_\_\_\_\_\_\_\_\_\_

Please check off the reason for your appeal.

\_\_\_\_\_ My Grade Point Average (GPA) is below the required 3.0 GPA

\_\_\_\_\_\_The percentage of courses completed (credits earned) is below the required minimum.

\_\_\_\_\_The timeframe to complete my degree has elapsed

I am seeking to have my Title IV federal financial aid reinstated. My appeal is based on the reason(s) listed below. I have attached a typed letter that describes the extraordinary circumstances that are the basis for my appeal. Copies of supporting documents are attached. (Note: Incomplete appeals will not be reviewed.)

\_\_\_\_\_\_\_ Illness/Injury/Personal Tragedy

\_\_\_\_\_\_\_ Change in Academic Program

\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bring this form, your typed letter and supporting documents to the Financial Aid Office,

REMINDER: ATTACH A COPY OF THE LETTER YOU RECEIVED THAT INDICATES WHY YOUR TITLE IV FEDERAL FINANCIAL AID HAS BEEN SUSPENDED.