

2024– 2025 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.