

## 2026–2027 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.**