Satisfactory Academic Progress Appeal Form

Name:
Student ID:
Last semester attended:

Term for which aid reinstatement is requested:

Reason for Denial of Financial Aid:

☐ I am an undergraduate and do not have a cumulative GPA of at least 2.0.
☐ I have not completed 67% of the credits attempted in the semester.
☐ I have reached the maximum degree completion time limit of 150%

Students placed on Financial Aid Suspension, if not dismissed, may appeal for reinstatement of financial aid when extenuating circumstances exist. Support from the student’s academic advisor, and other academic official as appropriate, is required. Appeals are reviewed by representatives of the Office of Financial Aid, with input from academic administrators when appropriate.

1. The student must:
   a. Submit a personal statement explaining why you failed to achieve satisfactory academic progress. The statement should include relevant factors such as illness; unusual demands upon you due to family, work, or life circumstances; and your perspective on what led to this academic difficulty.
   b. Explain how your circumstances have changed, allowing you to successfully make satisfactory progress. Include resources you intend to use to assist you in becoming successful.
   c. Submit third-party documentation supporting your appeal, if appropriate. Documentation of sensitive health issues should be submitted through the Human Resource Department who will provide a summary statement for your appeal. If excessive work is a factor, obtain a letter from your employer outlining the job demands or work schedule.
   d. Complete your portion of the document before visiting your academic advisor.

2. Your academic advisor must:
   a. Complete page 3 of this document
   b. If your appeal is due to item 1 or 2 above (GPA failure or time limit), a multiple semester academic plan is required that included indicators of how success will be defined.

The final plan must be approved by the Dean of Academics or his/her designee.
No incomplete appeals will be considered.
This appeal is for Financial Aid purposes only.
Return the completed appeal form with documentation to the Student Financial Services office.
Use the lines below to provide a personal statement describing the reasons and circumstances surrounding your insufficient academic progress. You must also EXPLAIN HOW CIRCUMSTANCES HAVE NOW CHANGED to allow you to meet the satisfactory academic progress standards if your financial aid is extended. Use extra pages if necessary, and attach all documentation. The student must sign this form and all supplemental pages.

I certify that the information I have provided is true and completed.

Student Signature

Date
FORM TO BE COMPLETED BY INSTITUTION

This form must be used to support a student’s appeal for the reinstatement of financial aid.

Student Name:
Student ID:
Student Major:
Credits Earned to Date:

I support allowing the student an additional semester or semesters of aid eligibility contingent on successfully adhering to the following academic plan. **Indicate both 1) resources the student will be expected to access as well as 2) courses and projected semester GPAs that will define satisfactory progress.**

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The student should complete the following set(s) of courses

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GPA Deficiency ONLY:

For a single semester plan, a semester GPA of _____is needed to return to good academic standing.

For multiple semester plan, satisfactory progress will be defined as a semester by semester GPA of _____or greater. This will allow the student to return to good standing by the end of ______(Fall, Spring, Summer) semester of ______(Academic Year).

Advisors should set semester by semester expectations that, with the use of appropriate resources, are reasonable given the student's performance to date. (i.e. it is unreasonable to expect or project a semester GPA of 4.0 for students with a history of academic difficulty).

**Medical Condition:**
The student has supplied the documentation supporting his/her personal or family member’s medical condition which I support as sufficient to warrant the appeal (circle YES or NO)
ALL STUDENTS:
The minimum number of credits required to graduate is ______(fill in number).

The minimum number of credits the student must successfully complete to bring the GPA to good standing is_____(fill in number).

Signature of Academic Advisor preparing the plan:   

Printed Name of Academic Advisor:   

Date:   