



Student Financial Services  
2016-2017 Satisfactory Academic Progress  
Appeal Request

Please complete in black ink.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Federal regulations allow the Office of Student Financial Services to extend eligibility to students that fail to meet minimum standards if they can document that there were mitigating circumstances beyond their control that caused them to perform below standards and that the issues have been resolved enough to now allow minimum standards to be regained. **Documentation must be submitted with your appeal to support your statement. Examples include: medical conditions that resulted in hospitalization for more than 14 days, loss of an immediate family member, loss of home due to fire, storm or natural disaster, illness of student or immediate family member, severe emotional difficulties, death in the family, loss of employment, etc.** The mitigating circumstances must occur during the term you received failing grades and/or withdrew from classes. Appeals submitted without proper documentation will be **DENIED**. Incomplete forms will **not** be reviewed.

SECTION A

Please indicate the semester you are appealing to have your financial aid reinstated:

- Fall 2016
- Summer 2017
- Spring 2017

Have you previously submitted an appeal?      Yes                       No

Please explain the circumstances that prevented you from maintaining Satisfactory Academic Progress.

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(Over)

2016-2017

Please explain how the situation has changed that will allow you to regain Satisfactory Academic Progress.

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You may attach additional sheets, if necessary.

**SECTION B**

***I certify that the information I have provided is true and accurate. According to the U.S. Department of Education, if you purposely give false or misleading information on any form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.***

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR FINANCIAL AID OFFICE USE ONLY**

Name of Program: \_\_\_\_\_ Total Attempted Hours: \_\_\_\_\_ Total Earned Hours: \_\_\_\_\_  
Completion Rate: \_\_\_\_\_ GPA: \_\_\_\_\_ # of Previous Appeals Approved: \_\_\_\_\_

- Appeal Denied
- Appeal Approved.

Signature, Director of Student Financial Services: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL AID APPEALS COMMITTEE: Committee Member:**

- APPROVED
- DENIED

Comments: \_\_\_\_\_  
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