



Student Financial Services
2017-2018 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 2017
- Summer 2018
- Spring 2018

Have you previously submitted an appeal? Yes No

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

(Over)

2017-2018

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

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: _____

