

Student Financial Services 2019-2020 Satisfactory Academic Progress

Please complete in black ink.

First Appeal

Name:	Student ID #:
Program of Study:	Anticipated Graduation Date:
Email Address:	@forsythtech.edu Today's Date:
Term Applying for: Fall 2019	Spring 2020Summer 2020
meet minimum standards if they can caused them to perform below stand	of Student Financial Services to consider appeals for students that fail to document that there were mitigating circumstances beyond their control that ards <u>and</u> that the issues have been resolved enough to now allow minimum re considered on a case-by-case basis and are not automatically approved.
To be considered for an appeal, subr Please limit documentation to 5 pa	mit appropriate documentation with your appeal to support your statement. ages . Examples include:
• For illness/injury to self, inf	ormation your health care provider feels is pertinent.
• For death of an immediate fa	amily member, a death certificate or obituary listing you as a family member.
	ence, a letter from clergy, a social worker, counselor, doctor, or other third on (can not be related to you).
• For divorce, a copy of the di	vorce decree.
• For separation, bills showing	g separate addresses.
• For loss of employment, a st	tatement from employer or Employment Commission.
and use enough detail to fully explai	at prevented you from maintaining Satisfactory Academic Progress. Include in the time frame in which you did not meet the standard. Remember that your sue and may extend beyond more than one semester or term. Please provide a ds.
You must also explain the steps you resolved.	have taken to ensure this issue/poor academic performance has been
You may type your response and ser will be notified by your Forsyth Tec	nd it with your supporting documentation and this form to our office. You hemail when a decision is made.
	e provided is true and accurate. According to the U.S. Department of lse or misleading information on any form, you may be subject to a fine or
Signature of Student:	Date:

FOR FINANCIAL AID OFFICE USE ONLY			
Appeal DeniedAppeal Approved.			
Signature, Director of Student Financial Services: Date:			
Comments:			