



# APPEAL OF UNSATISFACTORY ACADEMIC PROGRESS STATUS FOR FINANCIAL AID STUDENTS

PLEASE PRINT

SOCIAL SECURITY #: \_\_\_\_\_

NAME: \_\_\_\_\_  
                    LAST                    FIRST                    MI

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_  
                                                            STREET

\_\_\_\_\_  
                    CITY/COUNTY                    STATE                    ZIP

DAYTIME PHONE #: \_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_

I AM APPEALING MY UNSATISFACTORY ACADEMIC PROGRESS STATUS AND REQUESTING REINSTATEMENT OF MY FINANCIAL AID ELIGIBILITY FOR:

FALL \_\_\_\_\_  
SPRING \_\_\_\_\_  
SUMMER \_\_\_\_\_

REASON FOR THIS APPEAL (SEE INFORMATION BELOW ON REASONS FOR APPEALS):

- \_\_\_\_\_ EXCEEDED MAXIMUM TIME FRAME
- \_\_\_\_\_ LOW GPA
- \_\_\_\_\_ LESS THAN 66% CREDIT COMPLETION RATE

DATE SUBMITTED TO THE COUNSELING CENTER: \_\_\_\_\_

DATE SUBMITTED TO THE PROGRAM HEAD: \_\_\_\_\_

DATE SUBMITTED TO THE FINANCIAL AID DIRECTOR: \_\_\_\_\_

RECOMMEND APPROVAL:        YES \_\_\_\_\_        NO \_\_\_\_\_

RECOMMENDATION BY: \_\_\_\_\_

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STUDENT'S REASON FOR FINANCIAL AID APPEAL

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