

ACADEMIC PROGRESS ELIGIBILITY APPEAL FORM

Student's Name: _____ Student ID: _____
(Print) Last Name First Name

Complete the student section below and make an appointment to see an academic counselor. Please present any appropriate documentation (i.e., doctor's or instructor's note) to the counselor who will assist you in making an evaluation of your academic progress. **Please return this form to the Financial Aid Office with both student and counselor sections completed.** The Financial Aid Office will review your appeal and notify you of their decision in writing.

STUDENT SECTION

- 1) Describe the specific reason(s) why you did not meet Satisfactory Academic Progress requirements in the previous semester(s). Include any documentation of your circumstances (i.e., physician's note) if applicable.
- 2) Describe the **specific changes** that you have made or will make to ensure that Satisfactory Academic Progress requirements will be met in the future. (Attach a separate sheet or use the back of this page if necessary.)

Student's Signature

Date

COUNSELOR SECTION Please evaluate the student's circumstance(s) or reason(s) why Satisfactory Academic Progress has not been made and the student's potential for academic success. (Attach a separate sheet if necessary.)

1) Assessment of student's situation:

2) Recommended strategy to improve student success:

3) Campus support services and resources available to student:

Counselor's Signature

Date