

## Satisfactory Academic Progress Appeal Request

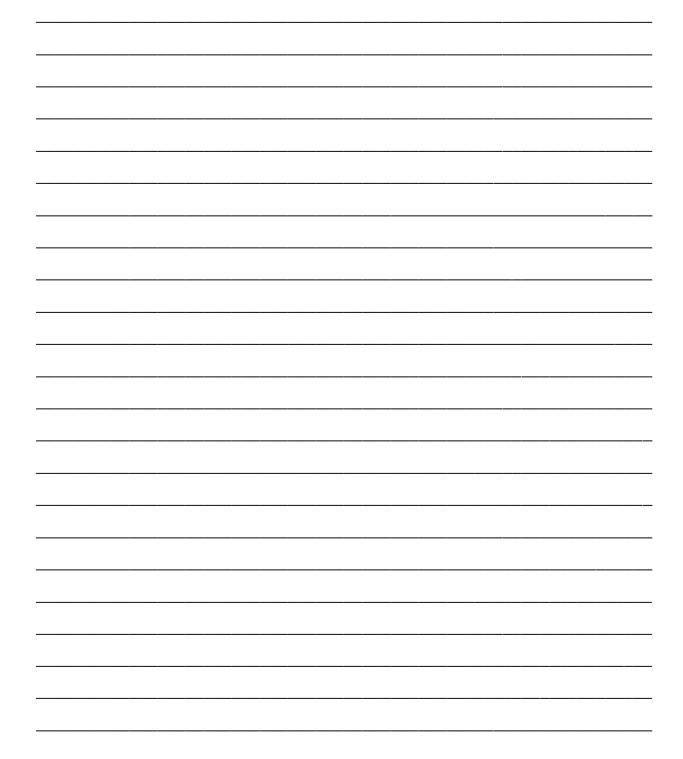
Name (please print)	Can	npus ID Number		
Classification:	Anticipated Gradu	ation Date:		
Have you previously had an approved appeal for fina	ancial aid? Yes	No If yes, w	hen?	
Please furnish the address you want the appeal result	ts mailed to:			
Address:				
City, State, Zip Code:				
Please reconsider my eligibility for: (circle one)	Fall	Spring	Summer	

Students who are not making Satisfactory Academic Progress may file a written appeal to the Financial Aid Office. Appeals will then go before a committee for review and all students will be notified of the committee's decision. Appeals should include all documentation which supports any mitigating circumstances concerning the failure to maintain the expected level of satisfactory progress. **ALL** decisions made by the committee are **FINAL**.

The Satisfactory Academic Progress Appeals Committee meets once a month, therefore, the Appeal Request is due on or before the 15<sup>th</sup> day of the month in which you want to appeal. If the 15<sup>th</sup> falls on a non-business day (weekend, holiday, etc.) it must be turned in prior to the 15<sup>th</sup>. After this day, the appeal will be considered as "late" and will be reviewed the following month. **There will be no exceptions.** 

In the space below, please explain the reason(s) you were unable to maintain Satisfactory Academic Progress. You must provide a complete explanation and a plan of action to maintain financial aid eligibility for the Appeals Committee to make a decision. Any documentation to be considered must be attached to this form. Your explanation should be neat and legible.

(Continue on back of this page)



All of the information I have provided is true and correct to the best of my knowledge. I have provided **all** documentation necessary for the review of this appeal.

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Signature of Student