

PLEASE RETURN THIS FORM
TO YOUR FINANCIAL AID
COUNSELOR IMMEDIATELY!

STUDENT'S NAME

ID#

EMAIL ADDRESS

CELL #

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Satisfactory academic progress is:

Both quarter and cumulative GPA must be a minimum of 2.00, must complete at least 70% of attempted credits, may only receive financial aid for 150% of the credits required to complete your program.

Your evaluation of your unsatisfactory performance: (Use reverse side for more space).

How you plan to remedy the condition(s) that caused unsatisfactory academic progress:

Student Signature _____

Date Signed _____

Plan with your academic advisor a class load that you can successfully complete. You may only repeat courses you have failed or withdrawn from. ** SUBMITTING THIS FORM TO STUDENT FINANCE DOES NOT COMPLETE YOUR REGISTRATION! **

Course #	Course Name	Credit Hours	Instructor

TOTAL QUARTER HOURS: _____

I RECOMMEND THIS CLASS LOAD FOR THIS STUDENT AND BELIEVE THE CLASSES CAN BE COMPLETED SUCCESSFULLY.

Advisor's Signature _____ **Date** _____

TLC Signature _____ **Date** _____

This section must be completed and signed by the Registrar if the CUM GPA is less than 2.0.

Current Cumulative GPA: _____

Total CUM Hours: _____

GPA needed to achieve 2.0 CUM GPA based on student's proposed total hours listed above: _____

Registrar's Signature _____ **Date** _____

FOR OFFICE USE ONLY

Approved _____

Denied _____

Comments: _____