

**DENIAL/SUSPENSION OF FEDERAL AID DUE TO UNSATISFACTORY
PROGRESS
APPEALS FORM**

NAME : _____ SS# : _____

CURRENT GPA : _____

CURRENT COMPLETION RATE : _____

PROGRAM OF STUDY: _____

PREVIOUS PROGRAM: _____

PLEASE EXPLAIN IN DETAIL THE REASON FOR YOUR UNSATISFACTORY PROGRESS IN YOUR PROGRAM OF STUDY:

PLEASE EXPLAIN IN DETAIL ANY PLANS TO IMPROVE YOUR GPA/COMPLETION RATE:

STUDENT SIGNATURE: _____

Reveiwed by: _____ Date: _____

Decision: _____

