UNSATISFACTORY PROGRESS
APPEALS FORM

**CURRENTLY YOUR ACADEMIC PROGRESS HAS FALLEN BELOW THE MINIMUM REQUIREMENTS TO BE ELIGIBLE FOR FINANCIAL AID **

NAME: ___________________________ STUDENT ID #: ___________________________

CURRENT GPA: ______________________ CURRENT COMPLETION RATE: ______________________

CURRENT PHONE # : ____________________ PROGRAM OF STUDY: ______________________

PLEASE EXPLAIN IN DETAIL THE REASON FOR YOUR UNSATISFACTORY PROGRESS, PLEASE PROVIDE ANY SUPPORTING DOCUMENTATION:

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PLEASE EXPLAIN IN DETAIL YOUR PLAN TO IMPROVE YOUR GPA AND/OR COMPLETION RATE:

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STUDENT SIGNATURE: __________________________

*Financial Aid Office Use*

Reviewed by: __________________________ Date: __________________________

Decision: __________________________