Bishop State Community College

Office of Student Financial Aid

Satisfactory Academic Progress Appeal

Federal regulations require that students receiving Federal Title IV financial aid must be making satisfactory academic progress towards graduation. The Financial Aid Office has determined you are not meeting the standards of Satisfactory Academic Progress and you must file an appeal.

**Required Documentation and Reasons for the Appeal**

Complete all of the items below with as much detail as possible. The responses to the numbered items should be provided on a separate sheet(s) of paper and attached to this form.

1. Provide your own written statement describing the reasons and the extenuating circumstances surrounding your lack of satisfactory progress.

* Indicate the particular academic terms and/or courses for which you registered, but did not subsequently earn credits. Be specific and concise in your explanation. Incomplete information will cause a delay in the review of your appeal or denial of your request.
* If appropriate, you may also provide a letter of support from an individual who is familiar with the specific circumstances surrounding your lack of sufficient progress.
* Please indicate what you have done to address the problems that have prevented you from maintaining satisfactory progress.

1. If medical problems played a role attach any supporting evidence to more fully explain your particular situation. Complete medical records are NOT needed.
2. If the suspension is due to exceeding the maximum allowable time frame for completing a program of study, please provide circumstances that may have caused the accumulation of extra hours, particularly if you have changed majors.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bishop.edu Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student’s Current Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE DO NOT WRITE BELOW THIS LINE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Appeal Committee Review Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Yes/No

Appeal Committee Member #**1**: \_/

Appeal Committee Member #**2**: /

Appeal Committee Member #**3**: /

Appeal Committee Member #**4**: /

Appeal Committee Decision: { } Appeal Approved

{ } Appeal Denied

Reason for Denial comments: '

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