STANDARDS OF ACADEMIC PROGRESS APPEAL FORM

Name___________________________ Student ID_______________________________

Address________________________________ Phone #__________________________

City/State/Zip____________________________________________________________

Please print this form and write or type your appeal on it (additional pages may be
attached). Use this appeal to explain why you are below the required financial aid
standards of academic progress as outlined in the university catalog. Be sure to attach all
documentation pertaining to any mitigating circumstances you have experienced that
affected your performance in your classes.

Mail your appeal to your Financial Aid Processing Center. After receiving your appeal,
we will respond to you in writing within ten business days.

_________________________________________________________________________

Student Signature                                                                                          Date