



Student Information and Reason for Appeal

- My cumulative GPA is below 2.0
- My passing rate is below 50% (between 1-29 completed hours) or 67% (30 plus completed hours)
- I have exceeded 150% maximum timeframe

Name: _____ A-B Tech Student ID: _____
 Phone Number: (home) _____ (cell) _____ Date of Birth: _____
 A-B Tech email: _____
 Primary Major: _____ Hours remaining for completion: _____
 Expected graduation date: _____
 Semester for appeal to be approved: fall spring summer
 Appeal submission: First appeal My last appeal was submitted term: _____ year: _____

An appeal can only be submitted if a student’s failure to make satisfactory academic progress is based upon events **beyond their control**. **Please indicate which circumstance below best applies to you (must check at least one):**

- Illness or Injury (myself or family member) which prevented my attending class (*please attach medical records or doctor’s letter on doctor’s letterhead—must include date of illness or injury*)
- Death of Family Member (*attach obituary, funeral program or death certificate—must include date*)
- Required Court Dates (*please attach court documents*)
- Childcare or Transportation issues (*please attach proof that issue has been resolved, i.e. childcare facility arrangements, car repair or purchase invoice, etc.*)
- Unavoidable Work Conflict (*please attach statement from employer on company letterhead explaining the nature of the work conflict*)
- More than 30 (Thirty) Transferred Credits (*please attach proof that you completed a program elsewhere; also, please explain in Sections B and C what life circumstances have prompted you to pursue this new program*)
- Other Unavoidable Event and third party documentation of event on organization letterhead (*i.e. licensed counselor, social worker, pastor, teacher—no family members*)

For each semester you were not successful, please explain why you were not able to meet the requirements of the SAP policy.

Which semester/year are you explaining? Semester _____ Year _____ Please describe the circumstance that was beyond your control:

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FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL REQUEST

*I have read the Financial Aid Satisfactory Academic Progress Appeal Request form. **I understand that the Financial Aid Ad Hoc Appeals Committee WILL NOT review my appeal if this form is incomplete.** I understand that I must provide documentation for **each** unsuccessful term. I also understand that I will be notified of the decision through my A-B Tech email account.*

Signature _____ Date: _____

YOU MUST SUBMIT THIS APPEAL IN PERSON TO THE FINANCIAL AID OFFICE, UNLESS YOU HAVE MADE ALTERNATE ARRANGEMENTS WITH A FINANCIAL AID STAFF MEMBER.

For Office Use Only:

Date Received: _____

Received By: _____

Committee Decision: Approved ___ Denied ___

Date of Decision: _____