

IMPORTANT DETAILS ON COMPLETING THIS DOCUMENT

- 1. Students within our service area must submit documents to the Financial Aid Office in person.** Distance students may submit documents via student email to financialaidoffice@abtech.edu or postal service, though we strongly recommend submitting them in person if possible. The Financial Aid Office is no longer able to accept documentation via fax. If you submit documents via email, with the understanding that email submissions are not a secure form of communication, complete and include an official Financial Aid Cover Sheet with your submission. The Cover Sheet can be found at [abtech.edu /Financial Aid /Forms & Resources](http://abtech.edu/FinancialAid/Forms&Resources). Documents that are submitted via email without the completed Cover Sheet will not be processed by the Financial Aid Office.
2. We strongly advise that you type your answers into the fillable fields for clarity.
3. If parent signature is required, parent must hand-sign the document. Digital signatures for parents are not allowed.
4. Do not use a mobile phone to complete this document. Doing so may result in lost data and inaccurate formatting.
5. You must save this document to your computer, or print it immediately, to prevent loss of the data you entered.
6. The fillable fields on this document may not work when opened in the Mozilla Firefox browser. We advise that you complete the form in Internet Explorer or Chrome instead.
7. You must use Adobe Reader to fill out this document across all operating systems and devices. Using the Preview app on Apple desktop, notebook, and iOS devices will result in lost data.



2019-20 FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL REQUEST
GPA AND PASSING RATE

Student Information and Reason for Appeal

By submitting this form, I understand that an Appeal can only be submitted if my failure to make Financial Aid Satisfactory Academic Progress was based upon events beyond my control.

My cumulative GPA is below 2.0

My passing rate is below 50% (between 1-29 completed hours) or 67% (30 plus completed hours)

Name: _____ A-B Tech Student ID: _____

Phone Number: _____ Date of Birth: _____

Semester for appeal to be approved: fall spring summer

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:

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

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: _____

For Office Use Only:

Date Received: _____

Received By: _____

Committee Decision: Approved ___ Denied ___

Date of Decision: _____