



# Spokane Falls Community College

## SATISFACTORY ACADEMIC PROGRESS APPEAL

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_

Phones \_\_\_\_\_ Student ID No \_\_\_\_\_

Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Is this a new mailing address?  Yes  No (If yes, you must notify the Admissions office of the change.)

Degree/Certificate \_\_\_\_\_

Quarter/Year returning to school \_\_\_\_\_ Number of credits you will enroll in \_\_\_\_\_

**COMPLETE SECTIONS I AND II AND SIGN THIS FORM AND RETURN TO THE FINANCIAL AID OFFICE.**

**I. Explain why you were unable to achieve satisfactory progress as required for financial aid eligibility.**

**II. What have you changed that will ensure you will complete your credits, earn a 2.00 GPA and improve your Pace of Progress toward your degree?**

\_\_\_\_\_

**Student Signature**

\_\_\_\_\_

**Date**

OFFICE USE ONLY		
<b>APPROVED:</b> Quarter/Yr _____		
<b>Contract:</b>	<b>Hold:</b>	Repay _____
<input type="checkbox"/> _____ Credits by _____	<input type="checkbox"/> Prog/Intent _____	
<input type="checkbox"/> _____ GPA by _____	<input type="checkbox"/> Course _____	
	_____	
	_____	
	_____	
<b>DENY:</b> Quarter/YR _____		
<input type="checkbox"/> REPAY/DEFAULT (KR)	<input type="checkbox"/> 2 Degrees/3 Attempted (KS)	<input type="checkbox"/> 6 <sup>th</sup> Qtr GPA (K6)
<input type="checkbox"/> GUR (KG)	<input type="checkbox"/> Mathematically not possible (KM)	<input type="checkbox"/> 2 Appeals (KT)
<input type="checkbox"/> Pace of Progression _____(KP)	<input type="checkbox"/> Qtrs Attempted _____	Qtrs Complete _____
<input type="checkbox"/> OTHER _____		
_____		_____
<b>Financial Aid Review</b>		<b>Date</b>