



# SFCC Financial Aid Office

## SATISFACTORY ACADEMIC PROGRESS APPEAL

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Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Student ID No. \_\_\_\_\_

Street address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Is this a new mailing address?  No  Yes 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 \_\_\_\_\_

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

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

II. What have you changed that will ensure that 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**

**APPROVED:** Quarter/YR \_\_\_\_\_

Contract:

\_\_\_\_\_ credits by \_\_\_\_\_

\_\_\_\_\_ GPA by \_\_\_\_\_

Hold:

Prog/Intent \_\_\_\_\_

Course \_\_\_\_\_

Repay \_\_\_\_\_

**DENY:** Quarter/YR \_\_\_\_\_

Repay/Default

2 Degrees/3 Attempted

6th Qtr GPA

GUR

Mathematically not possible

2 Appeals

Pace of Progression \_\_\_\_\_

Qtrs Attempted \_\_\_\_\_ Qtrs Complete \_\_\_\_\_

OTHER \_\_\_\_\_

FINANCIAL AID REVIEW \_\_\_\_\_ DATE \_\_\_\_\_