



FINANCIAL AID OFFICE
SATISFACTORY ACADEMIC PROGRESS
APPEAL

NAME _____
(please print)
ADDRESS _____

MUSTANG ID _____
EMAIL _____
CELL PHONE _____

Documentation needed for Appeal.

- 1) **This appeal form must be completely filled out.**
- 2) **Please attach a typed appeal explanation with this appeal form. Explain in detail the circumstances that affected your progress (illness, injury, death of a relative, etc.)**
- 3) **You must attach documentation from a professional (doctor, counselor or lawyer who can verify the information in item #2 above).**
- 4) **An SMSU Academic Plan is required with appeal if you cannot meet minimum Satisfactory Academic Progress Requirements by the end of the term of appeal.**

I understand that I will be notified of the appeal decision within two weeks. If my appeal is approved, I understand that my eligibility for financial aid will continue, but special requirements may be attached to that eligibility. Appeals **will not** be considered if they are received more than one month into the term for which the student is requesting reinstatement.

(Signature)

FA OFFICE USE ONLY:

% credits completed/attempted:
Cumulative credits completed: _____
Cumulative credits attempted: _____
Cumulative percentage: _____%

Cumulative GPA: _____

FAO Signature: _____
Date: _____

Term Aid Suspended: _____

Appeal Approved: _____

Probation Term Requirements:
GPA: _____
Completion %: _____

Appeal Denied: _____

Reason for Denial: _____

