UNIVERSITY OF WISCONSIN PARKSIDE

Office of Scholarships & Financial Aid
900 Wood Road | P.O. Box 2000
Kenosha, WI 53141-2000
Phone: 262-595-2574
Fax: 262-595-2216

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Students who are denied financial aid at UW-Parkside due to unsatisfactory academic progress (see attached policy) may appeal to have their aid reinstated. Students must have an active FAFSA on file in the Office of Scholarships & Financial Aid to be considered for the appeal process.

How To Appeal:

Return this completed form with:

- ☐ A typed letter explaining:
  - Why you did not make satisfactory academic progress,
  - What factors contributed to you not making satisfactory academic progress, and
  - How you are planning on improving/changing to ensure that you progress towards your degree

  Intentions of good will such as "I will do better" or "I will try harder" are not sufficient. You must state what specifically caused you to not make progress and how you will address it going forward

- ☐ Documentation of extenuating circumstances which prevented you from meeting satisfactory academic progress
  Examples: medical issues, death of family member(s), work related problems, divorce, incarceration, etc

- ☐ If you have met with an advisor and completed a "Pathways to Success" contract, please include it with your appeal.

- ☐ Students appealing due to Timeframe (maximum credit hour limit) must present a DAR (Degree Audit Report) or confirmation from their academic advisor regarding the number of credits remaining to complete their academic program

Students who have been ACADEMICALLY SUSPENDED:

You MUST be academically reinstated PRIOR to appealing for Financial Aid reinstatement. Your appeal will be DENIED if you have not been academically reinstated. Along with the appeal documentation listed above, please include with your appeal:

- ☐ A "Permit for Readmission after Academic Suspension" form from the Academic Actions Committee

Students will be notified by email of their appeal status. Allow at least two weeks.

Check the semester for which you are appealing. You may only select ONE:

***If you are attending for SUMMER, you CANNOT submit an appeal for fall until after summer grades have posted**

____ **Summer** _____ ____**Fall** _____ ____ **Spring** _____
Year **Year** **Year**

Name _____ **SSN#** _____
(Please Print)

Address _____ **Phone #**_____
Street **City** **State** **Zip**

Your signature _____ **Date** _____

Office Use **Quantitative: Completion %** _____/ _____= _____ **Qualitative**: _____ **GPA:** _____
Earned Attempted Comp. % Term Term GPA

Timeframe: DAR Received: Yes / No Current Hrs: _____ Remain Hrs: _____ **Academic Standing**: _____

Appeal Results: Approved: _____ Probation _____ Academic Plan _____ Good Standing **Denied**: _____ Not Meets

Notes: _____

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