

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:
 - o Why you did not make satisfactory academic progress,
 - o What factors contributed to you not making satisfactory academic progress, and
 - o 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*

Include the following documents with your APPEAL:

- 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.
- A "Pathways to Success" contract If you have met with an advisor
- 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. Please include with your appeal the documentation listed above.

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 _____ Year _____ Fall _____ Year _____ Spring _____ Year

Name _____ SSN# XXX-XX _____
(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: _____