



Satisfactory Academic Progress Appeal Form

Name _____ SSN/ID _____ Date _____

Full Mailing Address _____

Phone _____ Semester & Year for which you are requesting reinstatement of aid _____

GUIDELINES FOR AN APPEAL

If you wish to appeal the suspension of your financial aid, you should use the following guidelines. A successful appeal will contain complete explanations of the items listed below, if applicable. You must compile and attach significant documentation to justify your appeal. Only the materials that you provide will be considered in the review; therefore, it is your responsibility to thoroughly document your appeal. Appeals lacking extenuating grounds or adequate documentation will not be reviewed, and the student will be notified that his or her appeal information was insufficient.

1. Provide a written statement describing the reasons for and circumstances surrounding your lack of sufficient progress. These circumstances should be extreme or unusual circumstances that were beyond your control. Your attention should be focused on the particular academic term(s) and/or course(s) for which you registered but did not successfully complete. Be specific and concise in your explanation since incomplete information may cause a denial or a delay in the review of your appeal.
2. Clearly state your academic major and an anticipated completion date for your program of study at SouthArk, as well as an indication of your future educational goals.
3. Provide a detailed explanation of the measures you have taken to ensure that your academic performance will improve and/or actions you have taken to correct the circumstances that prevented your prior lack of academic progress.
4. If this appeal is in regards to the Maximum Timeframe (The 150% timeframe limit), you **MUST** provide documentation that you will complete at least a technical certificate **within** one semester. You **MUST** see your academic advisor to obtain the necessary documentation.
5. Documentation of your circumstances will increase the success of your appeal. Medical circumstances must be explained and should include physician statements and supporting medical documentation indicating medical difficulties during the relevant timeframe. If applicable, your employer should document extenuating job demands or work schedule changes that hindered your academic success.
6. You may also provide a letter of support from someone who is familiar with your circumstances. The letter must include the individual's signature and phone number. It may be from a faculty member, advisor, clergy, or an otherwise informed individual who is knowledgeable of your situation. If you provide third party letters, you must still provide your own written statement.
7. **Do not** discuss your need for financial aid as part of your rationale for reinstatement of federal aid. It is assumed that any student filing an appeal is doing so based upon financial need.
8. If your personal statement cannot be typed, please present a legible, handwritten statement. **Appeals must be dated, signed by the student and attached to this appeal form.**
9. You are encouraged to seek the counsel of your advisor, tutoring center staff or the financial aid office staff if you feel it is needed.

***** (for office use only) *****

SATISFACTORY ACADEMIC PROGRESS APPEAL DECISION

The decision regarding this appeal is noted below, please contact the Financial Aid Office with any questions.

Appeal Denied: ___ Did not meet the standards necessary for an appeal to be granted. **Appeal Approved:** ___
 ___ Required documentation has not been provided.

Additional Comments _____

Financial Aid Director's Signature _____ Date _____