

RETURN TO:



Financial Aid Office -3240 Fort Rd - Toppenish - WA, 98948  
Phone (509) 865-8502 – Fax (509) 865-1853

# 2020-2021

## FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Term:  FALL  SPRING  SUMMER

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### 1. Reason for Financial Aid appeal request:

Attach a signed summary of the verifiable extenuating circumstances that caused your lack of compliance with the Satisfactory Academic Progress guidelines. The circumstances must be reasons beyond the control of the student, such as illness, accidental injury, or death of an immediate family member. **Poor performance in class IS NOT an extenuating circumstance.**

### 2. Document your reasons:

Provide proof of your circumstances such as: a statement from a doctor including a release to return to school, an accident report, or an obituary. **Failure to provide adequate documentation will result in your appeal being denied.**

### 3. Plan of action:

Summarize the actions you will take to ensure future academic success.

Please include **ALL** documentation you wish to be considered with this form. It is you're only representation before the Financial Aid Appeals Committee. The Committee **will not** review an appeal until all the requested information has been received. You will receive a written response within **two weeks** after your completed appeal has been reviewed. If your appeal is approved you will be required to complete and academic plan with your academic advisor.

***My signature verifies that I have read the procedures above and that all statements and documents attached are true and accurate.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

Appeal approved; Semester of Probation \_\_\_\_\_

Academic Plan Required

Appeal Denied; Make up deficient hours \_\_\_\_\_

Attempted \_\_\_\_\_ Earned \_\_\_\_\_ Deficient

\_\_\_\_\_ Appeal # \_\_\_\_\_

Award:  AY  F only  SP only  SU only

PFCOMM  Email/Letter  SAP Log

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFAS Administrator's Signature/Title \_\_\_\_\_ Date \_\_\_\_\_