

RETURN TO:



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

2021-2022

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 _____