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STUDENT SIGNATURE:

Office Use Only:

Comments:

Financial Aid

SATISFACTORY PROGRESS PETITION FORM

ACADEMIC YEAR _____

The Satisfactory Progress Petition Form gives you an opportunity to explain circumstances beyond your control that caused you to not meet the financial aid academic progress requirements. **You must provide supporting documentation of your circumstances.**

SID#:	SS#:
NAME:	
MAILING ADDRESS:	
CITY, STATE, ZIP CODE:	
EMAIL ADDRESS:	PHONE NO:
Circumstances Beyond Your Control:	:
Below are the types of circumstances that	
Please mark the circumstance that best meets y	your situation:
grandchild, sister, brother, father, mother A statement from a healthcare provider timeline, and <u>if</u> it explicitly addresses a normal academic tasks. <u>No medical recordented Death</u> : Death of an immediate family mand grandparent, guardian or ward). <i>Appropresented by an obituary notice</i> , a memorate to the deceased individual. <u>Military Services</u> : Orders to report for military orders. <u>Hardship</u> : A significant and unanticity <i>Documentation</i> : Documentation specify:	ss to yourself or an immediate family member (spouse, child, er, grandparent, guardian or ward). Appropriate Documentation: written on a doctor's letterhead, if it includes the recuperation the ways in which the illness impacted your ability to perform ords will be accepted. The member (spouse, child, grandchild, sister, brother, father, mother, priate Documentation: Death in the immediate family must be rial folder or any other documentation showing your relationship or active duty. Appropriate Documentation: A copy of written pated personal emergency beyond your control. Appropriate ing the date and nature of the personal emergency.
Personal Statement: Your explanation of the circumstance(s) policy.) that caused you to not meet the financial aid academic progress
Actions you have taken to ensure satisfa	ctory progress in the future.
I understand that college personnel have	ve the right to clarify and verify information provided.

DATE:

Denied

Reinstated