Graduate Satisfactory Academic Progress Appeal Form

Name: _________________________________________  Student ID: ______________________
(last, first, middle)

Current Phone: _________________________________

If you have exceeded normative time toward completing your degree, explain the circumstances that caused the need for additional quarters (e.g., change in project, illness, death in family). Provide your expected date of graduation.

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If your lack of satisfactory academic progress is due to an overall GPA less than 3.00, please explain.

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It is also critical to explain what changes you have made to ensure your academic success in the coming year.

Sign and date this form below then take it to your graduate advisor, as soon as possible, for review and approval. If your advisor approves your appeal, return it to the Financial Aid Office so that your aid may be released to you.

Academic Advisor: Please review this student's appeal above, and indicate action taken below.

☐ I approve this appeal. ☐ I disapprove this satisfactory academic progress appeal.

Comments: (optional) ____________________________________________________________

__________________________________________
Advisor or Designee Name

__________________________________________
Signature

__________________________________________
Date