

Satisfactory Academic Progress Appeal

Name: _____ ID: _____

Address: _____
City, State Zip Code

E-mail: _____ Phone: (____) _____

If you have lost your Title IV eligibility due to extenuating circumstances, you may be eligible to have your financial aid reinstated.

Examples may include prolonged illness under a doctor's care, illnesses or accidents requiring hospitalization and/or prolonged absence from class. In the case of illness or hospitalization, a physician's letter must be included with the appeal, with the start and end dates of your hospitalization and/or incapacitation. The death of an immediate family member or prolonged illness of a dependent must be properly supported with official documents.

- ◆ Explain the circumstances that caused you to fail to make satisfactory academic progress and the reasons you believe the appeal should be approved.
- ◆ Describe the actions taken to prevent future recurrence of the lack of satisfactory academic progress.
- ◆ List or describe other pertinent data which might affect this appeal.
- ◆ Attach academic transcripts from all previous institutions attended (if not previously requested in the financial aid application process).
- ◆ Attach documentation to support this appeal. Include official letters from a physician, other medical statements, academic records, etc.
- ◆ Do not include how much you need the money. This committee can only consider factors related to academic progress and make allowances within Federal guidelines relating to academic progress.
- ◆ It is your responsibility to know the College's policies. Do not place blame on your academic advisor, a particular instructor or your financial aid officer.
- ◆ Additional appeals will not be considered if the student does not comply with the terms of the first appeal.
- ◆ Submit this completed form and documentation to the SEARK College Financial Aid Office, 1900 Hazel Street, Pine Bluff, AR 71603. Email: finaid@seark.edu

Note: Any and all documents that are submitted to support this appeal will be reviewed by the Appeals Committee, including **medical records**. By signing below, I authorize the release of information to the Appeals Committee and authorized Financial Aid staff.

Signature: _____ Date: _____