



### Satisfactory Progress Appeal

\_\_\_\_\_  
Last Name                                      First Name                                      M.I.                                      Student ID#

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number (Including Area Code)                                      Date of Birth

\_\_\_\_\_**This is my first appeal**      \_\_\_\_\_**I have previously appealed a suspension (semester/year)**\_\_\_\_\_

The following steps will be followed in deciding your appeal:

1. Your appeal will be reviewed by a financial aid advisor who will also evaluate your academic record and financial aid history. If your appeal is approved through this initial review, you will be advised in writing of the approval, financial aid will be reinstated, and you will be placed on a financial aid contract for your next period of enrollment.
2. If your appeal is denied through the initial review, you will be given an opportunity to request a personal interview with the Financial Aid Appeal Committee. The Appeal Committee will then approve or deny your appeal. ***The decision of the Appeal Committee is final.*** If your appeal is approved by the committee, financial aid will be reinstated and you will be placed on a financial aid contract for your next period of enrollment. If your appeal is denied, our office will specify the steps you must take in order to have aid reinstated.

**Please read over the entire appeal packet carefully, failure to provide the requested information can result in a delay and/or denial of this appeal.** By submitting this appeal, you are requesting that your extenuating circumstances be considered in order to have your financial aid reinstated.

In order to help our office process your appeal, please tell us more about your academic plans by answering the following three questions. Please attach a separate sheet of paper if you need more room.

1. What is your current degree or certificate objective?
2. What is your anticipated graduation date?
3. After you complete your current degree or certificate, what are your career goals?

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By submitting this appeal, you are indicating that there were **extenuating circumstances** that affected your ability to meet Satisfactory Progress Requirements. In order for your appeal to be taken into consideration, you **must** submit the following required documentation.

- A written/typed statement describing in detail
  - The extenuating circumstances that prohibited you from meeting the Satisfactory Academic Progress requirements, be specific with your statement and include dates
  - What changes have occurred that will enable you to now meet the Satisfactory Academic Progress requirements
  - Please sign and date your statement
  
- Verification (proof) of your circumstances or conditions.
  - Possible examples could include a doctor's note, legal documentation, letter from an employer, medical documentation, death notice and/or a copy of a death certificate
  
- Complete and submit the enclosed Program Plan signed by both you and your Academic Advisor

**The appeal evaluation and decision will be based on the information you provide on this appeal as well as the information contained within your supporting documentation. Incomplete appeals/documentation cannot be considered.**

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By signing this form I certify the information I have provided on this appeal and in my attached statement and documentation is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**\*\*\*FINANCIAL AID OFFICE USE ONLY\*\*\***

**Suspension Appeal:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**

**Adjustments based on:** \_\_\_\_\_

\_\_\_\_\_  
**Financial Aid Advisors Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Student ID#

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**You must complete the following PROGRAM PLAN before turning this appeal in.** Please list all semesters you have remaining at CSI before completion of your degree or certificate. This program plan must be signed by both you and your Academic Advisor. Please attach a separate sheet of paper if you need more room to complete your program plan.

\_\_\_\_\_  
Semester

Course Number	Class Name	Number of Credits

\_\_\_\_\_  
Semester

Course Number	Class Name	Number of Credits

\_\_\_\_\_  
Semester

Course Number	Class Name	Number of Credits

\_\_\_\_\_  
Semester

Course Number	Class Name	Number of Credits

\_\_\_\_\_  
Academic/Vocational Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date