



**TEXAS COLLEGE  
STUDENT FINANCIAL AID OFFICE  
SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**

**Please Print or Type:**

Name: _____		ID#: _____	
Address: _____			
Telephone No: (    ) _____		City _____ State _____ Zip _____	Cell Phone #: (    ) _____
E-mail Address: _____			
Semester or academic year for which you are submitting the appeal: _____			

The Office of Student Financial Aid records indicate that your financial aid eligibility has been terminated for not maintaining the satisfactory academic progress as required in our policy (enclosed).

**Appeal Process:** Students may appeal by providing a typed statement explaining the **extenuating circumstances which prevented him/her from meeting the satisfactory academic progress requirements**. Please be as specific and thorough as possible so that the appeal clearly demonstrates why you experienced academic difficulties. Documentation to justify your appeal is required. In addition, please provide an outline of the specific steps you intend to take to improve your academic performance. This outline should be detailed to make evident your commitment in achieving the required grade point average and/or percentage of credit hours. If a prior appeal has been approved, you **must** provide additional documentation with your written statement. Please refer to the following table for the **additional documentation required**.

	Appeal Type	Documentation
<input type="checkbox"/>	Required Number of Hours	1. Written statement with the required <b>supporting documentation</b> .
<input type="checkbox"/>	Required GPA	1. Written statement with the required <b>supporting documentation</b> .
<input type="checkbox"/>	Exceeded Maximum Credits	If a student has reached the maximum allowable credits, he/she must provide a graduation audit from their Academic Advisor indicating the exact courses remaining for their degree and anticipated graduation date.

**Attestation:** *I understand that incomplete appeals and appeals without the required documentation may be automatically denied. I understand that only complete appeals with documentation will be reviewed. I further understand that it is my responsibility, if offered financial aid, to comply with all requests of the appeal BEFORE funding can be applied to my student account.*

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

\_\_\_\_\_  
Date

Office of Student Financial Aid Use Only:

Approved

- ☐ Notification of Decision Sent  
☐ Financial Aid Awarded

Denied

- ☐ Notification of Decision Sent

\_\_\_\_\_  
Signature of Vice President Academic Affairs

Approved/Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean of Students

Approved/Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registrar

Approved/Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Comptroller

Approved/Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SLC Director

Approved/Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of F.A. Director/F.A. Appeals Chair

Approved/Denied

\_\_\_\_\_  
Date

**Please submit completed appeals with supporting documents and any other required documentation to the Office of Student Financial Aid.**