

Semester: _____

Approved: _____

Denied: _____

APPEAL OF SATISFACTORY ACADEMIC PROGRESS

STUDENT'S NAME: _____

SOC. SEC. NUMBER: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Briefly describe the circumstances regarding the basis for your appeal. Provide documentation whenever possible.

Office Use:

Previous Appeal: Y ___ N ___

Required GPA _____

Required Completion Rate _____

Current GPA _____

Current Completion Rate _____