

SATISFACTORY ACADEMIC PROGRESS APPEAL

PRINT OR TYPE THE FOLLOWING:

NAME: _____ SSN: _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____

ACADEMIC SEMESTER(S)/YEAR FOR WHICH AN APPEAL IS BEING REQUESTED
 FALL _____ SPRING _____ SUMMER _____

Disqualified due: to a GPA less than 2.0 semester. failure to meet unit completion requirements.
 completion of 90 or more units.

SECTION I:

STUDENT'S STATEMENT OF APPEAL

PRINT OR TYPE THE FOLLOWING:

Please state/describe why you are seeking an appeal and the nature of the extenuating circumstances, which contributed towards inability to maintain the academic progress standards. Use additional sheets if necessary.

What steps have you taken to ensure that you maintain satisfactory academic progress in the future?

I agree to provide additional information if requested by the Financial Aid Office personnel or independent 3rd party verification to further substantiate my appeal.

Student's Signature

 Date

FINANCIAL AID OFFICE USE ONLY

The Student Has Provided:	Student Has Completed:	Specialist/Director's Comments:
_____ Statement of appeal	_____ Total units	Approved _____ Not Approved _____
_____ 3 rd party verification	_____ Units toward major	_____
_____ Academic plan	_____ Cum GPA	_____
_____ Other	_____ # of program changes	_____

FAO SIGNATURE _____

**3RD PARTY STATEMENT/VERIFICATION FROM A
PROFESSIONAL SOURCE**

To be provided for third party verification to document extenuating circumstances listed on Section II

PRINT OR TYPE THE FOLLOWING (Black INK only):

NAME OF STUDENT: _____ SSN: _____

STUDENT'S RELEASE OF INFORMATION

I authorize the release of any and all information that may be required by the Financial Aid Office of San Joaquin Delta Community College to support my request of an academic appeal.

Student's Signature

Date

SECTION III:

TO WHOM IT MAY CONCERN:

The above named student has been placed on financial aid probation/disqualification for failure to meet the required academic standard. The student wishes to appeal this status and has indicated that there have been mitigating circumstances for the semester(s) in which the student failed to meet the minimum academic standards. As part of the appeal process, the student has requested that you provide independent, professional 3rd party verification as to the nature of the circumstance. By signing the Release of Information, the student has authorized you or your agency to assist them through this process.

On your letterhead/stationery please address the following – if you choose to use this form, attach additional sheets:

1. Please indicate your title, your professional address, telephone number and length of professional association between you and the student/client. Please be specific as the dates of professional contact.

Please explain the nature/history of the student/client's problem.

2. Please indicate the type of support or treatment provided to student/client by you or your organization.

3. Was the course of action that you/your agency described, adhered to by the student/client? What was the end result?

4. Do you feel that this problem has been resolved? Is there anything else that you feel is relevant to the student's case?

Signature/Title of Professional/Phone

Date