



Office of Financial Aid Non-Satisfactory Progress Appeal Form

First Middle Initial Last McKendree ID#

McKendree Email Address Phone Number

You may use this form to request a reevaluation of your ineligibility for financial aid based on insufficient progress toward a degree. Appeals and supporting documentation are due as soon as possible, but no later than the 100% add/drop period for your next period of enrollment. Appeals and supporting documentation received by the Office of Financial Aid after the deadline and after classes have begun require a course schedule with instructor's names. The instructor for each course may be contacted to confirm you are attending and participating in class. If the appeal and supporting documentation is received by the Office of Financial Aid after grades have been assessed those grades will be considered when determining your financial aid eligibility. By submitting your appeal after the term begins you are responsible for all charges that may be accrued without the eligibility for aid.

STEP ONE – (Choose one of the following)

NON-SATISFACTORY PROGRESS DUE TO LOW GPA OR COMPLETION RATE

- Extenuating Medical Circumstances** – Attach a signed statement on letterhead from your health care provider attesting to the medical condition and dates of treatment.
- Extenuating Personal Circumstances** – Attach a signed statement from a professional such as an attorney, counselor, resident hall advisor, employer or academic advisor verifying your situation and how it impacted your academic progress. If documentation is not available, be sure to address why in your letter described in Step Two.
- Death in the immediate family** – Attach a photocopy of the death certificate or copy of obituary.
- COVID-19: You experienced an interruption of instruction or campus operations resulting in one of the following: Illness (you or immediate family member), loss of childcare, need to become a caregiver or first responder, major change in work hours, or extreme economic hardship.** – Attach documentation that attest to your COVID-19 appeal. Examples could include confirmation of illness from doctor or counselor, travel records, proof of moving expenses, layoff notice or notification of change in hours, letter from childcare provider, or others as applicable. If COVID-19 documentation is not available, be sure to address why in your letter described in Step Two.

NON-SATISFACTORY PROGRESS DUE TO MAXIMUM TIME-FRAME

- Maximum Time Frame reached due to major type, change in major or other reasons (Having reached 150% of program requirements).** Include in Step Two the reasons for this status, a detailed explanation regarding your circumstance, and anticipated completion of program date/term.

STEP TWO –

- Attach a detailed letter, attesting to your reason and documentation from Step One. Letter should address and include the following.
 - 1- Explain why you were unable to meet the Satisfactory Academic Progress Policy, and your academics fell below standards.
 - 2- What will be different about the upcoming semester, and how your circumstances have changed?
 - 3- How you will be able to meet SAP Standards in the future? Explaining specific steps you will take to complete your educational goals.

STEP THREE -

- Meet with Advisor, Student Success or Student Services Specialist to complete Academic Plan on the following page. Plan will outline how you plan to complete your degree, and if your appeal is approved the academic plan will be used to determine your progress towards meeting SAP in futures semesters. By completing the plan, and submitting the appeal form you are agreeing to follow your academic plan. Changes to this plan and failure to meet all SAP standards can and will result in a Final Suspension, and you will lose all Financial Aid eligibility in future semesters. **If your appeal is approved, and you are placed on AP status any changes to plan must be approved by Director of Financial Aid.*
- Submit a copy of Academic Progress, Academic Progress can be printed via Self Service.

STEP THREE CONTINUED – Use this section by listing the coursework required to complete degree. If additional space is needed submit another copy of this page, outlining terms that don't fit in grid below.

FALL 20____	Hrs	SPRING 20____	Hrs	SUMMER 20____	Hrs
Total Hrs. for semester		Total Hrs. for semester		Total Hrs. for semester	
FALL 20____	Hrs	SPRING 20____	Hrs	SUMMER 20____	Hrs
Total Hrs. for semester		Total Hrs. for semester		Total Hrs. for semester	
FALL 20____	Hrs	SPRING 20____	Hrs	SUMMER 20____	Hrs
Total Hrs. for semester		Total Hrs. for semester		Total Hrs. for semester	

CERTIFICATION STATEMENT

By signing this form I understand and agree to the following:

- My appeal will not be reviewed if it is incomplete. I am responsible for reviewing and submitting only a complete appeal. I have completed/attached the following:
 -Complete Appeal Form with Academic Plan -Letter & Documentation -Academic Progress from Self Service
- I have enclosed documentation and a letter of explanation addressing the circumstances preventing me from meeting the university's Satisfactory Academic Progress Policy.
- My attached documentation and letter detail what will be different about the upcoming semester and how I will be able to complete my courses to academic standards.
- Submission of the form does not guarantee that my appeal will be approved. I understand that if I am currently registered for courses that any charges or fees accrued are my responsibility.
- Review of my completed appeal may take up to 30 days to be reviewed. I understand that I will be notified via my McK Email account when a decision has been made.
- I have read and understand the University's Satisfactory Academic Progress Policy.
- I understand the academic plan must be followed as listed above along with maintaining satisfactory academic progress each semester. If not, I will be placed on Financial Aid Final Suspension and lose all financial aid eligibility in future semesters.

_____ **STUDENT SIGNATURE**

_____ **DATE**

_____ **ADVISOR SIGNATURE**

_____ **DATE**

OFFICE USE ONLY:
 Appeal Status: _____ Date: _____

Comments: _____