

RETURN THIS APPEAL BY THE 5TH DAY OF CLASS FOR FALL/SPRING OR BY THE 2ND DAY OF CLASS FOR SUMMER.

Student Name _____ Student ID # _____
Current Address _____ City _____ State _____ Zip Code _____
Current Phone _____ Degree _____ Major _____ Advisor _____
Anticipated Graduation Date _____ I am seeking reinstatement for the _____ semester.

Steps you need to take

1. Complete the **Student Section** below and on the reverse. Tell us why you were unable to earn the required number of hours and/or the cumulative grade point average for which financial aid was awarded to you. Tell us how you plan to correct your satisfactory academic progress deficiency; include which classes you plan to take and what kind of grades you need to get. Your plan can cover more than one term.
2. Have your academic advisor complete the **Advisor Section** on the reverse. Your advisor must support your academic plan (Step 1) to correct your satisfactory academic progress deficiency in order for us to consider your appeal.
3. Attach a copy of your current unofficial academic transcript available on **BuzzIn** (Academic Life tab) or in the Transcript Records Office, Plumb Hall 108. If transferring hours, please attach your transfer school's unofficial transcript.
4. Return the completed form to the address provided on the reverse. When we reply to you, we will use the information you provided us at the top of this form. We will return the form to you if you do not thoroughly complete steps 1, 2, and 3.

STUDENT SECTION

PART I – IDENTIFYING YOUR INDIVIDUAL CIRCUMSTANCE(S)

1. INSUFFICIENT CREDITS AND/OR CUMULATIVE GPA:

I have special circumstances that prevented me from making satisfactory progress:

- a. _____ **Personal problems** (family issues, relationship issues)
- b. _____ **Serious injury requiring extended recovery time ***
- c. _____ **Death or serious illness of an immediate family member ***
- d. _____ **Significant trauma that impaired my emotional and/or physical health ***
- e. _____ **Other mitigating circumstances requiring documentation ***
- f. _____ **Juggling too much** (work, school and family)
- g. _____ **Illness (recent or long term) ***
- h. _____ **Academic major problems**
- i. _____ **Job related problems** (need a job, change jobs, other)
- j. _____ **Other**

*Documentation required. (Ex. Physician statement, death certificate, obituary, letters from involved third parties such as doctors or therapists, etc.) *Please list the documentation you are attaching to this form below:

2. 180 HOURS EXCEEDED (UNDERGRADUATES) OR 60 HOURS EXCEEDED (GRADUATES)

I have circumstances beyond my control that interrupted normal progress. The standard maximum time frame provides for some delays, such as changes in major, dual majors and dual degree programs. Lack of adequate progress does not, in itself, justify extending the time frame. **Documentation from an academic advisor is required, outlining coursework remaining and when you will finish (please see Advisor Section).**

3. I HAVE COMPLETED A FULL-TIME SEMESTER ON MY OWN RESOURCES

Successful completion of a full-time semester of enrollment means that you enroll in at least full-time status and are assigned passing grades for those courses (please refer to <http://www.emporia.edu/finaid/hours.htm> for definition of full-time). Courses assigned grades of Failed, Unsatisfactory, Audited or Withdrawal are not acceptable. **If courses have been taken at another institution**, you must submit an official grade report or transcript with your appeal.

STUDENT SECTION
PART II – PROVIDE FURTHER DETAIL ABOUT YOUR CIRCUMSTANCE(S)
Complete ONLY if you checked 1 or 2 on PART I

1. Explain in further detail what circumstances led to you not maintaining satisfactory academic progress. Please be specific and as detailed as possible. You may attach additional pages, but they must be signed by your advisor.

2. Please state your action plan to improve your academic progress for next semester of attendance. Be prepared to discuss your plan. You may attach additional pages, but they must be signed by your advisor.

ADVISOR SECTION I

<hr/> Advisor Name	<hr/> College
<hr/> Phone	<hr/> Email
<hr/> Advisor's Signature	<hr/> Date

Advisor Concerns:

	Yes	No	When?	Initials
				Advisor /Student
Has the student ever come in to talk to you about academic progress?	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____
Discussed degree requirements pertaining to the student's major?	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____
Discussed or developed a plan to improve academic success?	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____
Reviewed and made adjustments as appropriate to the student's schedule?	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____
Do you have any recommended referrals? (Please detail your referrals below)	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____

Comments/Recommendations:

ADVISOR SECTION II
COMPLETE ONLY IF OVER 180 HOURS (UNDERGRADUATE) OR 60 HOURS (GRADUATE)
Please attach a degree analysis or degree plan to this form for our office to review.

I understand that the Financial Aid Office will not accept any Satisfactory Academic Progress appeal that is incomplete or lacks documentation. I am submitting my complete Satisfactory Academic Progress appeal. I understand I may be called to appear before the committee and I further understand that decisions are made on a case-by-case basis. I have read the ESU Satisfactory Academic Progress Policy (available online at www.emporia.edu/finaid/forms). If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I will be notified by mail of the committee's decision.

<hr/> Student Signature	<hr/> Date
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