

Spokane Community College Financial Aid SATISFACTORY PROGRESS APPEAL

Financial Aid Office 1810 N Greene St | MS 2152 Spokane WA 99217-5399 509-533-7017 | 509-533-7425 FAX 509-533-7482 TYY

PLEASE USE INK AND WRITE LEGIBLY

Student's name					Phone ()	
	Last	First	M.I.	MAIDEN			
Street address							
City				State		ZIP	
Student ID numbe	r	-	Social Secu	ırity number			
Quarter/year last attended/			Quarte	Quarter/year returning to school			
Program you inten	d to complete	e					

READ FIRST

If exceptional and/or extenuating circumstances prevented you from making satisfactory progress, we can review the suspension of your financial aid if you submit this completed appeal. You may be required to complete a program completion plan with your program's Academic Counselor.

NOTE: Even if your appeal is approved, you may still not be eligible to receive aid if you owe a repayment to a Federal or State aid program. You must repay your debt in full prior to complete approval of reinstatement.

If your appeal is <u>denied</u>: A student who pays for classes at their own expense pursuant to SAP policy may have their aid reinstated. This may take more than one quarter or may be mathematically impossible.

Remember, this document is the <u>only</u> information the appeals board has to make a determination. Be clear and thorough and attach appropriate documentation. If you had a medical condition you must attach your release paperwork. If you had a death in the family, you must attach a death certificate. If you had any other condition or event, please attach appropriate documentation such as a counselor statement or treatment paperwork supporting your return to school. Committee decisions are final and cannot be appealed.

You must complete the other side of this form.

* You will be notified of the results in writing (email or mail) of the appeal outcome within 2 weeks.

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		uired for Financial Aid eligibility. Attach a n documentation may result in denial.			
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How has your situation changed and satisfactory progress the next quarte	what plans do you have in plac	e that will contribute to your making			
satisfactory progress the flext quarte	i that you return to school:				
Student's signature		Date			
FINANCIAL AI	ID USE ** DO NOT WRITE B	ELOW THIS LINE **			
Approved		Date			
see attached contract	☐ Prog/Intent				
credits by		GPA by			
Denied		Date			
Repay/Default	2 Degrees/3 Attempted	☐ 6 th Qtr GPA			
☐ Mathematically not possible	2 Appeals	☐ Pace of Progression			
☐ Qtrs Attempted/Qtrs Completed☐ Other	☐ Did not provide documentation	☐ Repeat/not meet extraordinary circumstance			