

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student Name: _____ GTCC ID#: _____

Telephone: _____ Titan Live E-mail: _____

Please indicate which option applies to your situation. This information can be found by checking ~~Service-- !) \$ & K H F N O L V W D Q G F O L F N L Q J Most Recent O L Q~~ ~~6 \$ 3 (Y D O X D W C U R R~~ Cumulative progress and SAP status will be listed. If you have any questions please contact the Financial Aid Office.

My cumulative GPA is below 2.0 (Complete sections A & B)

My cumulative completion rate is below 67% (Complete sections A & B)

My GPA and Completion rate are below the required level (Complete sections A & B)

I violated the previous conditions of an approved appeal (Complete sections A & B)

I have exceeded the 150% Maximum Time Frame standard (Complete section C)

My cumulative GPA is _____ / My cumulative Completion Rate is _____

My signature below indicates that I understand and agree to abide by the following

A. Attach a detailed explanation describing every W and F grade you received. This situation must have been an extenuating circumstance(s) beyond your control if you violated your previous appeal you will only need to cover the semester of the violation. This explanation must include

- o The issues that caused my unsuccessful performance during for the V H P H V W H U V , G L C meet the SAP requirements (use unofficial transcript on S&S or speak with a financial aid advisor if you are unsure which semesters to include)
- o The ways those issues have been resolved
- o My academic plan for success in the future

B. Attach supporting third party documentation. Include your name and student identification number on each page. Appeals submitted with insufficient or no documentation will be automatically denied. Your supporting documentation should support your written statement, and must include how your issues have been resolved. Indicate which extenuating circumstance(s) applies to you

- o Extended illness or hospitalization: 6 X E P L W 0 H G L F D O U H M P O U A , E t c . ' R F W R U . V
Information from a health care professional must include
 - o : K D W G D W H V G L G W K H V W X G H Q W . V F R Q G L W L R Q S U H
 - o What date did the condition improve enough to allow the student to successfully return and complete coursework?
- o Unanticipated, serious medical or psychological difficulty. Submit same as above
- o Death or extended illness of an immediate family member. Submit Funeral Program or Newspaper Obituary O L V W L Q J W a k e l , N W K B H Q W . G H Q W L V Q . W O L V W H G
a death certificate or proof of relationship (birth certificate)
- o Transportation / housing issues G D L O \ L V V X H V Q R Z U H V R O Y H C a l i d e x E P L W
registration and any proof of major, costly repairs