

**THIS FORM MUST BE COMPLETED & RETURNED!!
SATISFACTORY ACADEMIC PROGRESS APPEAL COVER LETTER**

Student's Name

A#

Phone Number

Address: Street

City

State

Zip Code

1. What semester were you placed on suspension? (indicate year)

Fall_____Spring_____Summer_____

2. Have you appealed before?

_____ **YES**

_____ **NO**

Provide the following documentation in support of your appeal:

Written personal statement: **REQUIRED FOR ALL APPEALS. Include the following:** Explanation of extenuating circumstances. Resolution or plan of action explaining what will ensure your future academic success.

AND

Documentation such as: letter from instructors, (if applicable) letter from doctor about illness, court document, death certificates, or newspaper clippings.

FAILURE TO ATTACH APPROPRIATE DOCUMENTATION WILL DELAY YOUR REQUEST!

PLEASE ATTACH ALL PAPERS TO THIS COVER LETTER AND submit to the Financial Aid Office.

POSTAL NOTIFICATION WILL BE MAILED WITHIN 3-4 WEEKS UPON RECEIPT OF THIS APPEAL.

You may ALSO check the status of your appeal by logging into Apache Access, clicking on Financial Aid Status, click on academic progress.