SATISFACTORY ACADEMIC PROGRESS APPEAL

Name: _____ **ID#**: _____
Last First

Email: _____

If you plan to attend and wish to appeal for aid, please complete the following: On what basis are you submitting this appeal? Please indicate by checking one of the circumstances below:

□ Illness/Injury/Medical Condition

□ Death in immediate family (includes parent, spouse siblings, or dependent children)

□ Other circumstances directly affecting academic performance

Please attach a separate sheet that explains the premise for your appeal. Your statement should include details of the circumstances that resulted in your inability to maintain minimum Satisfactory Academic Progress (SAP) standards as well as details regarding your plan to ensure meeting SAP standards by the end of the term. You will also need to include any supporting documentation. **Appeals submitted without an attached statement of explanation and relevant supporting documentation will not be processed.**

Please email this form, your explanation, and all documentation to financialaid@viterbo.edu.

Student Signature: _____ Date: _____