

**SATISFACTORY ACADEMIC PROGRESS
APPLICATION FOR APPEAL
Columbia State Community College**

Name: _____
Phone number: _____
E-Mail Address: _____
Student ID: A _____

PLEASE READ AND COMPLETE:

1. Appealing to receive aid for the following semester: _____
2. Semester you were last enrolled at Columbia State: _____
3. I am in violation of Satisfactory Academic Progress Guidelines because:
____ My cumulative grade point average is below the minimum standards
____ I have earned less than 67% of the hours that I have attempted
____ I have attempted more than 150% of the hours required for graduation
____ I did not complete ANY attempted hours during my last semester
4. You **MUST** provide a written statement explaining why you failed to complete the semester in good standing AND what has changed to allow you to be successful in future semesters. Documentation, if applicable, **MUST** be attached (i.e. medical, transportation, legal, work, etc.).

All of the above must be completed in order for your appeal to be given consideration. Your appeal will be denied if your request is incomplete.

This appeal form and all requested information MUST be received by the deadline posted on Columbia State's website under Important Dates.

If your appeal is denied, you will be required to pay on your own until you achieve satisfactory academic progress.

If you have any questions, please contact the financial aid office at 931-540-8267.

OFFICE USE ONLY

Reinstated _____	Denied _____
Academic Plan _____	
Comments _____	
Date Student was Notified _____	