FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Instructions to Student
Federal regulations require a student to meet Satisfactory Academic Progress Standards which entails earning a minimum 2.0 cumulative grade point average and completing a minimum 67% of the course work attempted. Because you have not met one or both of these standards this appeal form is required. Follow the instructions carefully as failure to do so will result in the appeal being denied.

Name: ___________________________________________ SS#/ EAC#_________________________

Mailing Address: ___________________________________________________________ Street and/ or Box #
____________________________________________________________________________ City State Zip

Telephone #: (____) __________-________________

Email: ________________________@______________

1. Please attach to this form a written statement listing the reason(s) you experienced difficulty and did not succeed academically. (Examples of legitimate difficulties are: death in the family, illness or injury, family problems, and/or change in work schedule).

2. Please attach to this appeal the documents which apply to your situation. Since this documentation will determine approval or denial of your appeal, please provide pertinent information. Lack of documentation will result in appeal denial.

- Death certificate or obituary of deceased family member.
- Letter(s) from physician(s), hospital(s), or other health care professional(s), and receipts or bills, if the medical problems influenced performance.
- Letters from advisors, counselors, faculty, and other knowledgeable people who knew the difficulties you experienced.
- Letter from your employer verifying a change in work schedule and when it occurred.
- Any other documents, statements or receipts that show cause for academic problems.

3. Please attach to this form a written statement explaining what your plan is to improve your academic performance.

Student’s Signature: ________________________________ Date: __________________

Return this form to: EAC Financial Aid Office, 615 N Stadium Ave, Thatcher, AZ 85552, FAX #928-428-2391 or email finaid@eac.edu. Check your ‘My Financial Aid’ under important dates to ensure you have met the deadline to submit this appeal.