



Southwestern Christian College

Satisfactory Academic Progress Appeal Form

NOTE: All appeal documents must be returned to the financial aid office **two weeks prior** to the semester of your return. **There will be no exceptions.**

Name: _____ ID #: _____

Email Address: _____

Complete this form if you have received a letter from the Financial Aid Office indicating that your aid will be suspended for your next semester of attendance, and you wish to appeal this determination. **Please note, if you have received a letter of suspension from the Academic Affairs Office, the suspension must be cleared before your Financial Aid Appeal will be addressed.**

1: Insufficient course completion rate and/or cumulative point average.

I have special circumstances that prevented me from making satisfactory academic progress.

Check all that apply:

- Personal problems (family issues, relationship issues)
- Serious Injury or illness requiring extended recovery time
- Death or serious illness of an immediate family member
- Significant trauma that impaired my emotional and/or physical health
- Other _____

2: I am including my written statement, supporting documentation and a written plan of action with this form.

(Please put statement and written plan of action on separate sheets of paper)

- Be specific when explaining your circumstances. If problems in your physical or mental health have played a role in your circumstances, please attach supporting documentation from a doctor, counselor, or hospital.

- Indicate the extenuating circumstances that have contributed to your inability to maintain SAP that applies to you. Extenuating circumstances include serious illness or injury to student or immediate family, death of immediate family member, significant trauma in student's life that impaired the emotional and/or physical health, or other unexpected **documented** circumstances beyond the control of the student.
- Be specific when writing your plan of action. Make it clear and precise.
*Please do not discuss your need for financial aid in your appeal.

***Appeals received without supporting documentation will be denied.**

I certify that the information I have provided is true and complete to the best of my knowledge. I realize that giving misleading information or forged documentation will result in my being reported to the Student Affairs Office for appropriate disciplinary action. Furthermore, I realize that additional information may be requested by the Financial Aid Office to further support my appeal. If additional information is needed or once a final decision has been reached regarding my appeal for financial aid, I understand that I will be sent notification via my listed email account only. Therefore, it is my responsibility to check my listed email account frequently during this period. If corresponding through my listed email account is a problem, I realize that it is my responsibility to contact the Financial Aid Office for further instructions.

Student signature

Date

Return to: Southwestern Christian College, FAO, P.O. Box 10 Terrell, Texas 75160
Or by FAX (972) 563-7133

Financial Aid Officer Signature

Received Date