

**SATISFACTORY ACADEMIC PROGRESS APPEAL FORM**

Name (please print)	Student ID	Major	
Street Address	City	State	Zip
E-mail	Major	Telephone	

**APPEAL CONTENT REQUIREMENTS:**

1. **Attach a personal statement that contains a detailed description** of the mitigating circumstances that addresses all of the following (we encourage you to submit a **TYPED** statement):
  - a. The nature and timing of the circumstances (e.g. injury or illness, death of a loved one). A student with a maximum credit hour violation must address the circumstances that prevented their graduation within the applicable credit limit. Be specific when referring to credit amounts and time periods.
  - b. How the circumstances affected your ability to meet the standards. If more than one enrollment period was affected, each enrollment period and the relevant circumstances must be specifically addressed.
  - c. How the circumstances have been resolved or managed to permit you to meet the standards.
  
2. **Attach supporting documentation** verifying the circumstances in the personal statement (see item 1 above). The attached **Plan of Study Form** must be completed. Medical circumstance documentation may be from an authorized medical representative, insurance form or billing statements that include supporting dates. Supporting statements from an individual must specify the relationship of the individual to the student and be signed and dated. Documentation must be in written form, the Financial Aid Office will not contact references on a student's behalf.
  
3. **Your appeal** is the committee's only reference point regarding your desire and ability to have a successful academic experience that culminates with the earning of your degree. We encourage you to submit a **TYPEWRITTEN** statement that addresses all criteria, and has been proof-read for spelling and grammatical errors.

Refer to the *Satisfactory Academic Progress Policy* on the web at: <http://www.msun.edu/finaid/policies.aspx> for additional information.

**DEADLINES: Appeals must be received by the Financial Aid Office within the first 10 days of each semester.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PLAN OF STUDY

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Student's Name

Student ID

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Student's Major

Please list the courses the student will take for the next 2 to 3 semesters. Asterisk any repeat courses. (You may attach your advisors program sheet as long as it is SIGNED.) **Students with a maximum credit hour violation must include all remaining courses required for the completion of your current degree program.**

**\*\*\*PLAN OF STUDY MUST BE SIGNED BY THE STUDENT'S ADVISOR\*\*\***

FALL \_\_\_\_\_ CRS

SPRING \_\_\_\_\_ CRS

SUMMER \_\_\_\_\_ CRS

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TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

FALL \_\_\_\_\_ CRS

SPRING \_\_\_\_\_ CRS

SUMMER \_\_\_\_\_ CRS

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TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

**ADVISOR CERTIFICATION:** The courses listed above are requirements for the student's degree.

**EXPECTED GRADUATION DATE:** \_\_\_\_\_

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Advisor's Name Printed and Advisor's Signature

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Date

**The Advisor MUST sign this form. Plan of Study appeals not signed will be returned to the student as incomplete.**