



**Financial Aid Office**

**Satisfactory Academic Progress Appeal  
For Title IV Financial Aid Recipients**

Name: \_\_\_\_\_

ID: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Last term I attended Williamson (mo/yr) \_\_\_\_\_

I'm appealing for term: \_\_fall \_\_spring 20\_\_\_\_

My appeal is based on (check below):

- \_\_\_\_\_ paying for classes on my own
- \_\_\_\_\_ notification of a grade change

\_\_\_\_\_ I paid for classes on my own and after successfully meeting the academic standards and/or had a grade change and, I am requesting a review of my transcript.

\_\_\_\_\_ I had extenuating circumstances, beyond my control.

- The appeal should be in the form a type written request with attached supporting documentation. Supporting documentation includes official letters from a physician, other medical statements, academic records, etc.
- Extenuating circumstances are generally beyond one's control, such as an accident, illness, or death in the immediate family. In the case of illness or hospitalization, a physician's letter must be included with the appeal, with the start and end dates of your hospitalization and/or incapacitation. The death of an immediate family member or prolonged illness of a dependent must be properly supported with official documents.
- Explain the circumstances that caused you to fail to make satisfactory academic progress and the reasons you believe the appeal should be approved. What has changed to permit you to make progress?
- Describe any other pertinent data which might affect this appeal.

Return this signed form with all supporting documentation to the Financial Aid Office. Additional appeals will not be considered if the student does not comply with the terms of the first appeal.

Note: Any and all documents that are submitted to support this appeal will be reviewed by the Appeals Committee, including medical records. By signing below, I authorize the release of information to the Appeals Committee and authorized Financial Aid staff. The deadline to submit an appeal is 2 weeks prior to the first day of the term you are requesting federal aid.

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

<b>Office Use Only:</b>
Action Taken _____ Signature _____ Date _____

**274 Mallory Station Rd, Franklin, TN 37067  
615.771.7821 / FAX: 615.771.7810**