Unsatisfactory Progress Appeal 2012–13

Student's last name	irst name Middle initial				
SCAD ID number					
Select a reason for appealing to have your financial aid reinstated and provide supporting documentation as indicated.					
Personal or family illness O Dates of illness or hospitalization O A detailed letter from the attending physician as proof	${ m O}$ A copy of the divorce decree or legal s	Divorce of student or close family member O A copy of the divorce decree or legal separation agreement, letter from an attorney, etc.			
Death in the family O An obituary that includes the student's name as a surv	Other				

 ${
m O}\,$ A copy of the death certificate

Please explain the circumstances that resulted in your inability to make satisfactory progress and what has changed in your situation that will allow you to make satisfactory progress at the next evaluation. If your appeal is approved, you will be placed on financial aid probation. Your appeal notification will state

the terms of your probationary period. Appeals are not accepted for two consecutive review periods.

			Please r	Please return form via one of the following:	
			Mail	Financial Aid Office	
				Savannah College of Art and Design	
				P.O. Box 2701	
			_	Savannah, GA 31402-2701	
			Email	financialaid@scad.edu	
Student's signature	Date	/ /	Fax	912.525.6173	