

Unsatisfactory Progress Appeal

Student's last name

First 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

- Dates of illness or hospitalization
- A detailed letter from the attending physician as proof of illness

Divorce of student or close family member

- A copy of the divorce decree or legal separation agreement, letter from an attorney, etc.

Death in the family

- An obituary that includes the student's name as a survivor
- A copy of the death certificate

Other

- Detailed supporting documentation
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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.

Student signature

Date / /
