



# Christian Brothers University

## SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Academic Program \_\_\_\_\_ Classification FR SO JR SR GR

1. Check the basis on which your Federal/State financial aid was denied:

- Insufficient GPA
- Insufficient Pace of Completion
- Did not meet Academic Plan requirement
- Maximum Time Frame Exceeded

2. Check the reason you were unable to maintain Satisfactory Academic Progress during the previous term:

- Death or major illness within immediate family
- Personal illness or injury
- Other special circumstance

3. Please explain the specific circumstances that prevented you from making Satisfactory Academic Progress during the previous academic semester, Attach as many additional pages as needed to fully explain your individual circumstance(s).

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4. Please explain what has now changed and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program. Attach any additional pages or provide additional documentation as needed.

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All students MUST meet with their Academic Advisor and provide written Academic Plan. Also, have him/her complete the following section and provide his/her signature.

Student's Major _____	# of academic credits toward program _____	# of credits needed to complete program _____
Academic Advisor Signature _____		Date _____

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

Please submit completed form to the Student Financial Assistance Office for review. You will be notified of the results of your appeal.