

## Financial Aid Office Satisfactory Academic Progress Appeal Form

In the space provided below, please detail the circumstances which caused your current academic status. **Any supporting documentation, such as official forms, records, or letters from your healthcare provider, lawyer or instructor, must be attached.** Please note that you are responsible for completing this form yourself. A Delta College faculty or staff member should not do so on your behalf.

Appeals must be received no later than one week before the semester begins. Generally, appeals received after that time will be considered to be appeals for the following semester. Your appeal will be reviewed by the Standards of Academic Progress Appeal Committee and you will be notified of the Committee's decision in writing.

Name \_\_\_\_\_ Student # or Soc.Sec. # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Semester for which appeal is being considered:  Fall  Winter  Spring

What circumstances do you believe caused you to be unable to meet academic standards?  
**Please provide supporting documentation of your circumstances. Attach additional pages if necessary.**

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What are your educational/career plans?

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What changes have you made to ensure future successful academic performances?

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Who is your Academic Advisor/Counselor?

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When did you last have an appointment with him/her?

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Have you discussed your academic difficulties with any of your instructors?

Yes                       No

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM WITH YOUR SUPPORTING DOCUMENTATION TO:**

**Delta College  
Financial Aid Office  
1961 Delta Road  
University Center, MI 48710  
www.delta.edu**