



Satisfactory Academic Progress Financial Aid Appeal Form

NOTE:

- Before you appeal your financial aid ineligibility, you should be aware that some reasons you might give for not making satisfactory academic progress cannot be favorably considered. Reasons such as: "I had to drop a class," "I had a difficult course or instructor," "I was in the wrong class," "I need the financial aid to complete my education," "I'm only a fraction of a point from the minimum requirements," etc., cannot be approved through appeals. However, your financial aid may be continued, upon an approved appeal, if through no fault of your own, you were unable to complete a semester under normal circumstances due to medical problems, an accident, or a death in the immediate family, etc.
- If you cannot possibly bring your GPA/% up to acceptable levels in one semester, you are encouraged to contact the Academic Dean's office to meet and create an Academic Plan to lengthen your probationary timeframe if approved.

Note: Resolution of financial aid probation/suspension issues does not change any existing issues from the Academic Dean's office – these must be resolved separately.

Student's Name

Social Security Number

Address

City

State

Zip Code

Last date of attendance at Brescia University

Please check where appropriate:

_____ I have now completed the academic hours I was short. You must attach a copy of your grade report or transcript.

_____ I have now raised my cumulative grade point average to the minimum standards of Brescia University by completing classes at Brescia and paying of my own accord.

_____ I withdrew from Brescia University because of medical reasons. You must attach a written statement and provide a doctor's statement (not a doctor's excuse note). If reason is for a permanent medical problem or learning disability, please include your plan of action for future academic progress.

_____ I did not meet the requirements of the Satisfactory Academic Progress policy due to an accident. You must attach a written statement with dates and details, as well as a doctor's statement (not an excuse note), if applicable.

_____ I was unable to satisfactorily complete my academic work due to a death in my immediate family. Please attach a written statement explaining your relationship to the deceased, date deceased, etc., and a death notice or handout from the funeral.

_____ I was unable to meet the minimum requirement of the Satisfactory Academic Progress policy because of extraordinary circumstances. Attach full explanation and documentation.

_____ Other – Please provide documentation.

_____ I am submitting an Academic Plan from the Academic Dean's office for consideration.

_____ I am not submitting an Academic Plan for consideration.

Student's Signature

Date

Brescia University Office of Financial Aid

Mailing: 717 Frederica Street, Owensboro, KY 42301-3023 Physical: 531 Frederica Street Owensboro, KY 42301-3023
Phone: 270.686.4253 Fax: 270.689.9563 Email: financial.aid@brescia.edu Website: <http://www.brescia.edu/financial-aid>

Academic Plan for Financial Aid Appeal

Student Name _____ Alternate ID _____

This form is to be filled out if the student needs more than one semester to bring his/her GPA/% up to standards. Please make attainable goals because if the student does not accomplish the standards on the plan, his/her future financial aid will be denied.

Please fill out the following grids to reflect the plan of action (up to three semesters) to be taken which will bring the student's GPA/% back up to the Financial Aid Satisfactory Progress levels:

At the Completion of these attempted Credit hours:	6-30	31-48	49+
A Student must have earned at least This percentage of attempted hours:	.67	.67	.70
With at least this cumulative grade Point average:	2.0	2.0	2.0

Term: _____

Course #	Course Title	Credit Hours	Planned Outcome Grade

Term: _____

Course #	Course Title	Credit Hours	Planned Outcome Grade

Term: _____

Course #	Course Title	Credit Hours	Planned Outcome Grade

Signature of Academic Dean _____ Date _____

I hereby certify that I will complete the course plan above for my degree as outlined. I understand that any deviation from this completion plan or failure to meet cumulative GPA or earned hours requirements will result in immediate termination of my financial aid.

Student Signature _____ Date _____

Financial Aid Director _____ Date _____

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