



**Satisfactory Academic Progress
Appeal Form and Academic Plan**

Oxford College
Office of Financial Aid
122 Few Circle
Oxford, GA 30054

Phone: 770.784.8303
Fax: 770.784.8359
Email: ox.finaid@emory.edu

A: TO BE COMPLETED BY THE STUDENT Submit this form to the Office of Financial Aid to request an exception to the University's policy on Satisfactory Academic Progress. Incomplete appeal requests, and/or appeals submitted without supporting documentation, will not be considered. Appeals should be submitted by the first day of class for the semester you are appealing to ensure adequate time to prepare for any impact to the student account. Failure to submit your complete appeal by this date may result in your probationary term being postponed to a future semester.

Student's Name

Emory ID (EMPL)

B: STUDENT'S APPEAL To be completed by the student.

Grounds for Appeal

A student may petition to have financial aid reinstated due to extenuating circumstances. Check the circumstance(s) that explains the foundation of your request.

- Death of an immediate family member
- Illness or injury to the student or an immediate family member
- Direct involvement of the student in a legal action
- Other _____

Letter of Appeal

You must submit a letter with this form explaining the reason for your appeal. If your appeal is due to your lack of academic progress in the past semesters, you must describe the following:

- Provide a detailed account of your circumstances for each of those semesters
- Discuss what lifestyle changes you have made to improve the circumstance and ensure future academic success

Supporting Documents

If you have any supporting documentation, it should be attached along with the degree audit form, and the personal appeal statement. Check the all boxes that apply, indicating the type of document(s) being provided.

- Death Certificate or Obituary
- Written letter from your doctor on letterhead and/or hospital statement.
- Court documents
- Other _____

C: ACADEMIC PLAN To be completed by the academic advisor.

Student: Before a decision can be made concerning your Satisfactory Academic Progress appeal, you and your academic advisor must complete the academic plan together. If your appeal is approved, you will be expected to meet the enrollment goals set for each semester. We encourage you and your academic advisor to be realistic when planning the number of units you will complete each semester.

Academic Advisor: The student whose name appears on this form is currently pursuing an appeal with the Office of Financial Aid regarding her or his satisfactory academic progress status. Please complete this form, and return it to the student. If you have question or concerns, please contact the Office of Financial Aid at (770) 784-8303 and request to speak to the student's financial aid advisor.

Student's Name:	Student's Emory ID (EMPL):	Anticipated Date of Graduation: ____ / ____
Student's current major objective		
Student's current minor objective		
Is this part of a double major or dual degree objective? If yes, name the other major/degree.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Major: _____
Number of hours still needed to complete the entire degree objective (including current enrollment)		

PLAN FOR PROBATIONARY SEMESTER

_____ / _____ Term / Year

Student must receive a GPA of at least 2.0 during the probationary term, and is not permitted to receive grades of F, U, W, WF, WU, I, IF, or IU.

Course (Subject & No.)	Credit Hours

Advisor's Name:	Campus Extension:	Advisor's Email:
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Advisor's Signature and Date: _____

D: STUDENT CERTIFICATION STATEMENT

Student's Name:

Emory ID (EMPL):

I certify that the information provided on this form and any attachments are complete and accurate. I also authorize the Office of Financial Aid to verify any submitted information. I understand that I must complete the requirements of this academic plan to receive financial aid. I understand that during my probationary term I must receive a GPA of at least 2.0 and am not permitted to receive grades of F, U, W, WF, WU, I, IF, or IU. I understand that my financial aid will be revoked or denied if I do not complete the requirements of this academic plan.

Student's Signature _____ Date _____

Appeal Committee Use Only

Committee Review Date:	Signature of Deciding Party:
Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Additional Information Needed	For Approved: Program _____ Credits approved _____ Beginning Term _____
Review comments (required): _____ _____ _____ _____ _____ _____ _____	