



University of Arkansas Community College at Hope
Satisfactory Academic Progress Appeal Form

Please Print:

Name _____ Social Security Number. _____

Address _____
City State Zip

Phone (_____) _____ Current Email Address _____

Anticipated Graduation Date _____

Semester or academic year for which you are requesting reinstatement of your financial aid _____

Degree sought at UACCH: _____

Students who have lost their eligibility for financial aid due to lack of satisfactory academic progress may appeal for reinstatement of their eligibility if circumstances beyond their control prevented them from meeting the established standards.

To appeal, submit the requested information below that pertains to your situation. Your responses should be provided on separate paper and attached to this form with supporting documentation.

1. Provide your own statement describing the reasons and the circumstances that caused you to fail to meet the required standards. It is important that you demonstrate a clear and thorough understanding of why you experienced academic difficulties so that you will be able to take sufficient steps in the future to improve your academic performance and meet the prescribed standards. Be specific in your explanation since incomplete information may cause a delay in the review of your appeal or a denial of your request.
2. Provide a second statement outlining the specific steps you intend to take in the next semester to improve your academic performance. This statement should be thorough and detailed, demonstrating your commitment to achieving the required grade point average and/or percentage of completed credits.
3. Attach documentation that supports your appeal. If, for example, the deficiency was caused by medical problems or personal injury, provide supporting evidence from a physician or hospital. Other forms of documentation might include a letter from a counselor or therapist, copy of obituary or death certificate in the case of the death of a family member, etc.
4. If the deficiency was a result of special academic circumstances, you must attach a degree plan outlined by your academic advisor which demonstrates that you have sought their assistance in developing a plan of academic support that will assist you in meeting the standards of satisfactory academic progress.
5. Sign and attach this form to your written statements and documentation and return it to:

University of Arkansas Community College at Hope
ATTN: Financial Aid Appeals Committee
PO Box 140
Hope, AR 71802-0140

To the best of my knowledge, all of the information contained in this appeal is complete and correct.

Student Signature _____ Date _____

Committee Action:

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