Satisfactory Academic Progress Appeal Form

Please print clearly:

Name:_____

Last name *First name*

Social Security Number:_____

Student ID Number:_____

Phone Number:_____

Shoreline CC e-mail:_____

My appeal is based on (check all that apply):

- ☐ Unusual Circumstances
- ☐ Improved completion rate to at least 67%
- ☐ Raised cumulative GPA to at least 2.0
- ☐ Attended a quarter on own and met SAP requirements
- ☐ Unusual enrollment history

Directions*:*

1) In your own words, explain the unusual circumstances and the specific reason(s) you were unable to make Academic Progress. Use the space below or attach a signed written statement.
2) Describe the steps you have taken to ensure this situation will not affect your future academic success; explain how the unusual circumstance(s) has been resolved.
3) To strengthen and support your appeal, you are strongly encouraged to provide supporting documentation such as a letter from a doctor, instructor, advisor, counselor; medical bills/records, police/insurance report; obituary notice; appeals will be considered without documentation.
4) Submit this appeal form and supporting documentation to the Financial Aid Office. Results of your appeal will be sent to your college assigned go.shoreline.edu email account. Students that earned 0 credits during a quarter or students that dropped classes during the first week of the quarter after aid funds have been disbursed might owe repayment of their financial aid and tuition. Even if an appeal is approved, Federal and State repayments will not be waived and must be paid back before additional funding is awarded.

Student statement: Please explain the specific reason(s) you did not make Satisfactory Academic Progress. Be sure to attach any supporting documentation and include relevant dates and information:

_____

_____

_____

_____

Describe the steps you have taken to prevent the situation from affecting your future academic success: ____

_____

_____

Student Signature _____ **Date** _____

Financial Aid Office Use Only*:*

( ) Approved ( ) Denied ( ) Deferred, needs: ☐ Academic Plan or ☐ supporting documentation

_____

Financial Aid: _____ Date: _____

Enrollment Services/Financial Aid • 16101 Greenwood Avenue North, Shoreline WA 98133 • Email: finaid@shoreline.edu • Fax: (206) 533-6609

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Track code Z0