



## Satisfactory Academic Progress Appeal Form

Complete this form and attach your **signed** personal statement describing the reasons and/or circumstances surrounding your lack of sufficient progress. Examples of the circumstances for which a student would be permitted to submit an appeal include death of a relative, significant injury or illness of the student or other special circumstances. *\*Our office has reporting obligations relating to child abuse, prohibited discrimination including sexual harassment and sexual assault, and possible misconduct or criminal acts. Please see [http://intranet.bloomu.edu/Title\\_IX](http://intranet.bloomu.edu/Title_IX) for more details.\**

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ BU Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Campus/Town Address: \_\_\_\_\_

Have you filed a satisfactory progress appeal form in a prior academic year? Yes \_\_\_ No \_\_\_

If yes, list academic year(s): \_\_\_\_\_

Please read and check each item:

1. \_\_\_ **Attach your signed, typewritten, personal statement describing the reasons and/or circumstances surrounding your lack of sufficient progress.** Focus on the particular academic terms and/or courses for which you registered but did not earn the credits. Be specific and concise in your explanation. Your need for financial aid, your academic advisement issues, and/or your lack of knowledge of financial aid policies are not reasons for reinstatement of financial aid.
2. \_\_\_ **In your statement, describe what has changed in your situation that would allow you to meet satisfactory academic progress standards at your next evaluation.**
3. \_\_\_ **All extenuating circumstances must be verified with appropriate documentation.** For example, if medical issues contributed to your lack of sufficient progress, you are required to attach supporting documentation from your health care provider.

**Note:** If available, you may also provide a letter of support from an individual familiar with the circumstances surrounding your lack of sufficient progress. This letter may be from a faculty member, advisor, or other individual who is knowledgeable about your situation.

### Certification Statement

I certify that the information provided is true and accurate. I understand that if I receive any federal student aid based on incorrect information, I will have to pay it back. I agree, if requested, to provide additional documentation to support my request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Return the completed form and supporting documents to:**

Bloomsburg University  
Office of Financial Aid  
119 Warren Student Services Center  
400 East Second St.  
Bloomsburg, PA 17815  
(570)389-4297-Phone  
(570)389-4795-Fax