



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.

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