SATISFACTORY ACADEMIC PROGRESS APPEAL

Any student who loses financial aid eligibility or the eligibility to register for classes due to a failure to meet the College’s satisfactory academic progress standards may submit an appeal to the Academic Standards Review Committee. The process outlined below will be followed in deciding your appeal:

1. Your appeal will be reviewed by the Academic Standards Review Committee to evaluate your academic record and determine if extenuating or unusual circumstances impacted your capacity to meet the College’s academic standards.
2. You will be advised in writing of the outcome of your appeal within ten days of the Academic Standards Review Committee meeting.
3. The ruling of the Committee is final but students have the option to address the committee in person.
4. The Appeal Committee meets a minimum of twice a month.

Instructions:

1. The student should complete and return the Satisfactory Academic Progress Appeal Form and provide appropriate documentation. If you need additional space for #8 or #9 you may use the back of the form or a separate sheet. Appeals that are incomplete or have no documentation may NOT be reviewed and may be returned to the student.
2. A Degree Plan, which can be obtained from your academic advisor, must be attached to the appeal.
3. Return the appeal form and all required documentation to the address below:

   Financial Aid Office
   Spoon River College
   23235 N County Road 22
   Canton, IL 61520

*** Please note that 1) appeals for prior semesters will not be considered.***
SATISFACTORY ACADEMIC PROGRESS APPEAL

Reason for Appeal: _____ Academic Status _____ Financial Aid Status _____ Both

1. Name: __________________________________________________________
   Address: __________________________________________________________________
   City, State, Zip: __________________________________________________________________
   Telephone Number: __________________________________________________________________

2. Student ID Number: __________________________________________________________________

3. Appeal is for (mark one): Fall Semester _____ Spring Semester _____ Summer Semester _____

4. What is your current degree or certificate objective? _______________________________________

5. What is your anticipated graduation date? _______________________________________

6. After you complete your current degree or certificate, what are your career goals?

   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

7. Which of the following resources have you used while at SRC? Check all that apply.

   ____ Tutoring
   ____ Assigned Advisor
   ____ Career Counseling
   ____ Personal Counseling Services
   ____ Student Opportunity for Success LA 100 or LA 103
   ____ Academic Success Center
   ____ Regular meetings with course faculty or a faculty advisor
   ____ Other, please list: ____________________________________________________________________________

   Student Use Only

   ____ I have provided a Degree Plan to Financial Aid with a previous appeal.
   ____ Degree Plan Attached

   Office Use Only

   Suspension
   Session GPA: ____________
   Cum GPA: ____________
   Session Comp: ____________
   Cum Comp: ____________
   Hrs. Attempted: ____________
8. What extenuating circumstances prohibited you from meeting the Satisfactory Academic Progress requirements? You must attach documentation to support your claim of extenuating circumstances when appropriate (letter confirming medical treatment, confirmation of death in the family, etc.)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

9. What changes have occurred, or you are planning to make, that will enable you to meet the Satisfactory Academic Progress requirements? Please explain.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I certify that all information and documentation I have submitted pertaining to this appeal is true and complete.

Student’s Signature __________________________________________ Date Completed ____________

For Office Use Only:

_____ Granted Full Reinstatement to Register and Receive Financial Aid
_____ Granted Full Reinstatement to Register—No Financial Aid
_____ Granted Reinstatement to Register but Restricted to ½ Time Enrollment Only & Financial Aid
_____ Granted Reinstatement to Register but Restricted to ½ Time Enrollment Only—No Financial Aid
_____ Denied Reinstatement to Register and to Receive Financial Aid
_____ 100% course completion, 2.0 GPA or Better, required courses only
_____ Other: __________________________________________________________________________

Date: ______________ Committee Chair: ________________________________________________

________________________________________________________
________________________________________________________