



# MSU Great Falls College of Technology Financial Aid Office Satisfactory Academic Progress Appeal

Name \_\_\_\_\_ Student ID number \_\_\_\_\_

Current Address \_\_\_\_\_  
Street
City
ST
Zip

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Last Term Attended:             Fall             Spring             Summer            Year: \_\_\_\_\_

Next Term Planning to Attend:     Fall             Spring             Summer            Year \_\_\_\_\_

I would like to request reinstatement of my eligibility for financial aid for the reason(s) checked below:

- Medical conditions have prevented me from completing the minimum number of required credit hours or maintaining required minimum GPA (*attach explanation and medical documentation*)
- Death in the immediate family (*attach explanation of relationship and obituary or memorial pamphlet*)
- Personal extenuating circumstances (*attach explanation and documentation*)
- Other (*attach explanation and any relevant documentation*)
- I have exceeded my maximum time frame for Financial Aid, I need an extension to complete my program (*attach an explanation detailing why your program was not completed in time frame allowed*)

**Please attach an explanation detailing why you failed to maintain Satisfactory Academic Progress.** Be very specific. If you are appealing for not completing the required number of credits or for not maintaining the required minimum GPA, explain why you feel you will be able to successfully complete your next term of enrollment, and how your extenuating circumstances will not prevent you from doing so. Attach the appropriate documentation to support your appeal.

**Attach an Academic Plan you have completed with an Academic Advisor.** The plan must list the courses you will enroll in each term, up to completion of the degree. The plan must be dated and sign by you and the Advisor.

**Appeals will not be reviewed without the appropriate documentation and explanation.**

By my signature below I certify that to the best of my knowledge all of the information that I have provided is accurate. I understand that the decision of the appeal committee is final.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved for             Fall     Spring     Summer            Year: \_\_\_\_\_  
 Academic Plan             Probation             Max Time Extension Thru \_\_\_\_\_

Denied – Explanation Below  
 Pending – Explanation Below

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

