



## **Satisfactory Academic Progress Appeal Form**

Students who are denied financial aid at Brooklyn College due to unsatisfactory academic progress may appeal to have their financial aid reinstated. An appeal can only be submitted if a student's failure to make satisfactory academic progress is based upon events beyond the student's control. The student may submit this completed Satisfactory Academic Progress Appeal Form, along with all related supporting documentation. **Appeals submitted without supporting documentation will not be reviewed. Please complete form online before printing.**

NAME: \_\_\_\_\_  
Last First MI EMPLID #

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Previous Appeal \_\_\_\_ YES \_\_\_\_ NO If YES, Was Appeal Granted? \_\_\_\_ YES \_\_\_\_ NO

### **Step One:**

Please indicate the extenuating circumstances that contributed to your inability to maintain Satisfactory Academic Progress by checking the category below that applies to you. Please follow the instructions for each category.

☐ **Death of an immediate family member (spouse, child, sibling, or parent).**

Attach a copy of the death certificate or obituary and include the name of the deceased and relationship to you in Step Two of this form.

☐ **Serious injury or illness to student or immediate family member (spouse, child, sibling, or parent) that required extended recovery time.** Attach a statement from the physician and explain the nature and dates of the injury or illness in Step Two of this form.

☐ **Significant trauma in student's life that damaged the student's emotional and/or physical health.** Provide a detailed explanation in Step Two of this form regarding the specific circumstances. Please be sure to include dates and what you have done to overcome this situation. Supporting documentation from a third party (physician, social worker, psychiatrist, law enforcement official, etc. ) must be attached.

☐ **Other unexpected documented circumstances beyond the control of the student.**

Provide a detailed explanation in Step Two of this form explaining the nature and dates of the unexpected circumstances. Supporting documentation must also be provided.

☐ **Suspension due to exceeding the maximum allowable time frame for completing a program of study.** Provide a detailed explanation in Step Two as to why you have attempted a reasonably excessive amount of attempted credits and have not graduated. Supporting documentation must also be provided.

**Step Two:**

Provide a detailed explanation of the circumstances in Step One that led to the Satisfactory Academic Progress violation. Please print legibly and use the back of this form if additional space is needed.

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**Step Three:**

Please describe the steps you have taken to correct the problems that have prevented you from making Satisfactory Academic Progress. Please print legibly and use the back of this form if additional space is needed.

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**Step Four:**

**Certification and Signature**, I am requesting to have my eligibility for financial aid to be reinstated. I understand that my appeal will not be reviewed if it is incomplete or lacks documentation. By signing this form, I certify that the information provided on this form is both truthful and accurate.

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

\_\_\_\_\_  
Date

**COMMITTEE USE ONLY:**

If Granted, Effective Term: _____  Conditions: _____ _____	<input type="checkbox"/> <b>ACADEMIC PLAN</b> <input type="checkbox"/> <b>DENIED</b> <input type="checkbox"/> <b>PROBATION</b> <input type="checkbox"/> <b>APPROVED</b>  <b>DATE OF COMMITTEE DECISION</b> _____
_____ <b>COMMITTEE MEMBER SIGNATURE</b>  _____ <b>COMMITTEE MEMBER SIGNATURE</b>	_____ <b>COMMITTEE MEMBER SIGNATURE</b>  _____ <b>COMMITTEE MEMBER SIGNATURE</b>

Submit your completed appeal to the **Enrollment Services Center (Financial Aid Inquiries)** counter or mail to **Attn: Financial Aid SAP Appeal, Enrollment Services Center – 104 WQB, 2900 Bedford Ave, Brooklyn NY 11210**