2009-2010 Satisfactory Academic Progress Appeal

Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street - MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

The Office of Student Financial Aid has established an appeal process for students whose aid has been suspended due to the failure to meet Satisfactory Academic Progress requirements. Reasons for a review of your record may include medical issues, death in the family, or other family crisis. **You must submit documentation to support your particular situation (i.e. hospital bills, letter from doctor, obituary, etc.) This appeal must be submitted to the Office of Student Financial Aid by : Spring 2010 – January 22, 2010**

Section A: *(please print)*

Last Name First Name M.I. UIN

(Present Mailing Address) Street City State Zip Code

( ) ( )
Campus Telephone Home Telephone

Please indicate the semester for which you are requesting financial aid reinstatement.
(check all that apply)

Spring 2010: ☐

Section B: *(please print)*

Please explain why you were unable to meet Satisfactory Academic Progress requirements. Be specific as to what factors caused your academic difficulties (i.e. your deficiency in credit hours and/or grade point average). Also, indicate how you will improve your academic performance. Outline the changes you might have made in your personal, social or economic situation that will allow you to improve your academic success. Additional sheets may be attached if necessary.

Section C:

I certify that the information given on this form and on any attached pages is true and accurate.

Student's Signature Date

Section D: *(To be completed by your college Academic Advisor after sections A and B are completed.)*

This student is pursuing an appeal through the Office of Student Financial Aid regarding his/her Satisfactory Academic Progress. In order to review this appeal, we request the following information from you.

Student Name: _____ UIN: _____

Current Major: _____

Anticipated Date of Graduation: _____

Total Hours Required to Complete Degree: _____
(Do not include current semester hours)

Number of Hours Remaining to Complete Degree: _____

Comments: Please include your understanding of any situation(s) affecting this student's academic progress, as well as recommendations to assist in his/her future success.

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Academic Advisor's Signature Date

( )

Academic Advisor's Name *(please print)* Telephone Number