

**NORTH CENTRAL MICHIGAN COLLEGE  
FINANCIAL AID OFFICE****Satisfactory Academic Progress  
APPEAL REQUEST FORM**

**Appeal Type:** \_\_\_\_\_ Did not meet 67% completion Rate and/or 2.00 Cumulative Grade Point Average **Answer #1 & 2**  
\_\_\_\_\_ Attempted over 90 credits (150% of program length) needed to complete a program **Answer #3**  
\_\_\_\_\_ Second Degree or Combination of Programs **Answer #4**  
\_\_\_\_\_ Changed Program of study after census date **Answer #5**

**Name:** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

First MI Last Name

**Phone:** ( ) \_\_\_\_\_ **North Central Email:** \_\_\_\_\_

1. Why were you unable to maintain a cumulative GPA of 2.0 or higher, and/or unable to successfully complete a minimum of 67% of the credits you attempted? Explain the mitigating circumstance(s) that prevented you from achieving satisfactory academic progress:
2. What has changed in your situation that will allow you to demonstrate satisfactory academic progress at the next evaluation (the next semester)?
3. Why have you attempted over 90 credits/150% of program length (This includes all courses at North Central plus transferred in) without earning your degree?
4. Why have you updated your program of study to complete a new program and/or second degree?
5. Why were you unable to update your program of study prior to the semester census date to ensure your courses were covered by Financial Aid?

**Required Items:**

- Appropriate documentation must be attached to support your mitigating circumstance (Acceptable documentation includes letters from a physician, attorney, social service agency, parole officer, or an obituary notice, divorce decree and/or academic records.)

Once your appeal has been reviewed, you may be required to develop an Educational Plan signed by you and an Academic Advisor before any aid can be processed onto your student account.

I understand that upon review the following may occur as the result of this appeal: a) denial of reinstatement, b) probation status with reinstatement of my financial aid for one semester. I will be notified of the results of my appeal.

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

Return form to: The Financial Aid Office Located in the Borra Learning Center  
Email: [financialaid@ncmich.edu](mailto:financialaid@ncmich.edu) Phone: 231-348-6698

**FOR OFFICE USE ONLY**

APPEAL Determination: