APPEAL REQUEST FORM

North Central Michigan College
Office of Financial Aid, Student Services
Submit this form and supplemental materials to the Financial Aid Office, Student Services

Satisfactory Academic Progress

Appeal Type: ___ Attempted over the 150% of credits needed to complete a program. Complete # 2,3,4,5,6
___ Second Degree or Combination of Programs Complete # 2,3,4,5,6
___ Obtain MTA
___ Did not meet 67% completion Rate and/or 2.00 Cumulative Grade Point Average. Complete #1,4,5,6.

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?

2. Why have you attempted over 90 credit (all courses at North Central plus transferred in) without earning your degree?

3. How many additional credits do you need to complete your program of study? ________

4. Explain the mitigating circumstance(s) that prevented you from achieving satisfactory academic progress:

5. What has changed in your situation that will allow you to demonstrate satisfactory academic progress at the next evaluation (the next semester)?

6. What steps are you prepared to take to ensure your future success as a student?

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: __________________________

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