



## Financial Aid - Satisfactory Academic Progress Appeal Form

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Complete this form if you have received a letter from the Financial Aid Office indicating that your aid will be suspended for your next semester of attendance, and you wish to appeal this determination. **Please note, if you have received a letter of suspension from the Academic Affairs Office, the suspension must be cleared before your Financial Aid Appeal will be addressed.**

### 1: Insufficient course completion rate and/or cumulative point average.

I have special circumstances that prevented me from making satisfactory academic progress.

Check all that apply.

- ☐ Personal problems (family issues, relationship issues)
- ☐ Serious Injury or illness requiring extended recovery time
- ☐ Death or serious illness of an immediate family member
- ☐ Significant trauma that impaired my emotional and/or physical health
- ☐ Other \_\_\_\_\_

### 2: I am including my written statement and documentation with this form.

- Be specific when explaining your circumstances. If problems in your physical or mental health have played a role in your circumstances, please attach supporting documentation from a doctor, counselor, or hospital.
- Indicate the extenuating circumstances that have contributed to your inability to maintain SAP that applies to you. You must state (A) what the problem was; (B) when did the problem occur; (C) how long did the problem last; (D) how this affected your ability to complete your coursework. (Extenuating circumstances include serious illness or injury to student or immediate family, death of immediate family member, significant trauma in student's life that impaired the emotional and/or physical health or other unexpected documented circumstances beyond the control of the student).
- Indicate the steps you will take to ensure that the minimum standards will be met at the next evaluation. Be as detailed as possible and explain how your documentation supports your circumstances.
- The committee will review your appeal in the strictest confidence and let you know of our decision in writing or by email. **Please do not discuss your need for financial aid in your appeal.**

I certify that the information I have provided is true and complete to the best of my knowledge. I realize that giving misleading information or forged documentation will result in my being reported to the Student Life office for appropriate disciplinary action. Furthermore, I realize that additional information may be requested by the Office of Financial Aid to further support my appeal. If additional information is needed or once a final decision has been reached regarding my appeal for financial aid, I understand that I will be sent notification via my Tabor email account only. Therefore, it is my responsibility to check my Tabor email account frequently during this period. If corresponding through my Tabor email account is a problem, I realize that it is my responsibility to contact the Office of Financial Aid for further instructions.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

Return to: Financial Aid Office, Tabor College, 400 S Jefferson, Hillsboro, KS 67063  
FAX (620) 947-6276