PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Satisfactory Academic Progress Appeal Form for the 2010-2011 Academic Year

A student may appeal the cancellation of their financial aid eligibility resulting from failure to meet the Satisfactory Academic Progress criteria by submitting this form along with any additional documentation of mitigating circumstances which have affected academic progress. A copy of the Satisfactory Academic Progress Policy can be found on the Prairie View A&M University Office of Student Financial Aid web site: http://www.pvamu.edu/pages/2278.asp. Decisions on complete appeals should be available within two weeks. **An appeal decision may impose limitations upon aid eligibility and/or future minimum academic standards**. You will be notified by e-mail, phone, or letter of the decision.

NAME _____ **SSN#** _____ - _____ - _____

ADDRESS _____ **PVAMU ID#** _____

_____ **PHONE NUMBER** _____

City **State** **ZIP**

EMAIL: _____

DESCRIPTION OF POTENTIAL CIRCUMSTANCES AND REQUIRED DOCUMENTATION

☐ ***Personal injury, illness, or physical disability***

REQUIRED DOCUMENTATION:

- Student statement of circumstances, detailing medical condition that impaired performance and why future academic performance will not be impaired by condition.
- Statement from doctor, Health Services, and/or the Office of Diagnostic Testing and Disability Services detailing the medical condition that impaired academic performance. The Statement should specifically address the following:
  - Student's limiting medical condition and date span for which conditions existed.
  - That the condition may have impaired academic performance
  - The student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.

☐ ***Death/illness of immediate family member***

REQUIRED DOCUMENTATION:

- Student statement detailing circumstances impairing performance and why future academic performance will not be impaired by circumstances.
- If illness of immediate family member: Statement from doctor detailing medical condition incurred by family member. Statement should specifically address medical condition and date span for which the condition existed.
- If deceased: Death certificate or obituary.

Office of Student Financial Aid
P.O. Box 519, Mail Stop #1005 Prairie View, Texas 77446
Phone (936) 261-1000 Fax (936) 261-1031/1032
www.pvamu.edu

Student Name:_____ PVAMU Student ID Number:_____

☐ ***Completed requirements for degree at PVAMU***

REQUIRED DOCUMENTATION:

- For second degree (i.e. second bachelor's degree; second master's degree; third master's dgree, etc.), an itemized list of required courses is required along with the advisor's signature. **(Statements that refer to another document such as "See Catalog" are not acceptable!)**

☐ ***Unsatisfactory grades in course(s) attempted and/or completion rate does not meet the 75% minimum (Please note "work" does not qualify as an extenuating circumstance.)***

REQUIRED DOCUMENTATION:

- Student statement detailing circumstances impairing performance and why future academic performance will not be impaired by circumstances.

Please explain below, the mitigating circumstances that you feel may have affected your academic progress. Your statement should detail any circumstances impairing performance and why future academic performance will not be impaired.

_____ _____

Student Signature Date

For Office Use Only:

Current GPA:_____ Required GPA_____ Total Hours Attempted_____

Hours Required for Degree_____

150%_____

Approved____ Denied____

Reviewed by:_____ Date:_____