



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Spring 2019 Satisfactory Academic Progress Appeal Form Deadline: January 30, 2019

ALL DOCUMENTS MUST BE UPLOADED VIA PANTHER TRACKS

A student may appeal the suspension of their financial aid eligibility resulting from failure to meet the Satisfactory Academic Progress criteria by submitting this form along with a ***typed*** explanation of the circumstance that caused your lack of academic progress and any supporting documentation by close of business day on **January 30, 2019**. Please outline the changes you have made to prevent this situation from recurring. Be specific in your explanation. **Failure to submit adequate documentation upon initial submission will result in an automatic denial. ALL APPEAL DECISIONS ARE FINAL.** Please allow 10 - 15 business days for the appeal decision. 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/faid/faid-requirements/satisfactory-academic-progress-policy> . **An appeal decision may impose limitations upon aid eligibility and/or future minimum academic standards.** You will be notified of the appeal decision via PV student email and/or Panther Tracks. **It is the student's responsibility to make other arrangements to pay any tuition & fees while appeal is being reviewed.**

Name: _____ PVAMU ID: _____

Address: _____ Phone #: _____

_____ Email: _____

City State Zip

Academic Level (circle one) Undergraduate Graduate Doctorate

DESCRIPTION OF POTENTIAL CIRCUMSTANCES AND REQUIRED DOCUMENTATION

1. *Personal injury or illness of self*

- Statement (**must be typed**) of circumstances, detailing medical condition that impaired performance and why future academic performance will not be impaired by condition.
- Statement from doctor, health services, etc. detailing the medical condition that impaired academic performance. The statement should specifically address the following:
 - The student's limiting medical condition and date span for which conditions existed.
 - If the condition may have impaired academic performance
 - If the student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.

2. *Illness, injury or death of an immediate family member.*

- Statement (**must be typed**) of circumstances, detailing medical condition.
- 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

www.pvamu.edu

Phone (936) 261-1000

NAME _____	PVAMU ID# _____
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3. Other extenuating circumstance (Work does not qualify as an extenuating circumstance)

- Statement from student (**must be typed**) detailing circumstance(s) impairing **overall** academic performance and why future academic performance will not be impaired by circumstances.
- Supporting documentation of your extenuating circumstance.
- PV Place **Degree Works** print out (Must include course name(s) and course number(s)).
 - **Degree Works** print out must have expected date of graduation **if** within two semesters of completing your degree.

4. Any student pursuing a 2nd degree or beyond: Please be sure your admission into new program is complete and updated by Admissions.

- Statement (**must be typed**) from student detailing circumstance(s) impairing **overall** academic performance and why future academic performance will not be impaired by circumstance(s).
- PV Place **Degree Works** print out with expected date of graduation **if** within two semesters of completing your degree. (Must include course name(s) and course number(s)).

_____ Student Signature

_____ Date

For Office Use Only:

Current GPA: _____	Required GPA: _____	Total Hours Attempted: _____
Term last attended: _____	Total Hours Earned: _____	Completion Rate: _____%
Approved: _____	Denied: _____	Other: _____
Comments: _____		
Reviewed by: _____	Date: _____	