



FINANCIAL AID APPEAL OF UNSATISFACTORY ACADEMIC PROGRESS

DEADLINE DATE: JUNE 10, 2019 *(the financial aid office must receive this appeal form, letter and all supporting documentation by this date.)*

PLEASE PRINT				
STUDENT'S NAME: _____				
HOLY FAMILY ID: _____		SOCIAL SECURITY NUMBER: _____		
ADDRESS: _____				
STREET ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE: _____		EVENING PHONE: _____		

Please provide an explanation of your extenuating circumstances in a letter. **This letter must be typed and attached to this form.** (Please remember, if we cannot read it, we cannot consider it.)

Your explanation must include the following:

- The events that occurred which prevented the minimum requirements from being met. It should specify mitigating circumstances such as extended illness, death in the family, or other extraordinary extenuating circumstances. **If your circumstances are medical in nature, please attach a letter from your doctor or medical professional (on their letterhead) that confirms the circumstance.** The financial aid office and appeals committee may request additional documentation to support the appeal.
- What has changed in your situation that will allow you to make Satisfactory Academic Progress at the next evaluation? This should include an explanation of what actions will be taken to ensure the requirements are met next year.
- If you have incomplete courses that may be affecting your progress standing, please include:
 - the course name and number
 - when will you complete the course work
 - any extenuating circumstances that influenced your decision to take an incomplete in the course(s)
- Be as detailed as possible as this will assist the appeals committee in their decision making process. (All information is confidential and will only be reviewed by the appeals committee.)

Approval or disapproval of this appeal will be made by the Financial Aid Appeals Committee. You will be notified in writing of the committee's decision by July 10, 2019.

Please be aware that this form cannot be used to reevaluate Pennsylvania state grants. If you were a recipient of a PA state grant, you should visit www.pheaa.org or contact the Pennsylvania Higher Education Assistance Agency (PHEAA) at 800-692-7392 to request a progress appeal form from them.

I CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM, LETTER AND ALL OTHER REQUIRED DOCUMENTATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I GIVE MY PERMISSION TO THE FINANCIAL AID OFFICE TO SHARE THIS INFORMATION WITH THE FINANCIAL AID APPEALS COMMITTEE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED BY THE FINANCIAL AID APPEALS COMMITTEE WHEN MAKING AN APPEAL DECISION. I ALSO UNDERSTAND THAT ALL DECISIONS OF THE FINANCIAL AID APPEALS COMMITTEE ARE FINAL AND CAN NOT BE APPEALED.

SIGNATURE: _____ DATE: _____
(Please note that the appeal form will not be considered without the student's signature)

RETURN COMPLETED FORM, LETTER AND ALL REQUIRED DOCUMENTATION TO THE ADDRESS OR AT THE FAX NUMBER AT THE TOP OF THIS FORM. CONTACT US AT THE PHONE NUMBER OR EMAIL ABOVE WITH ANY QUESTIONS THAT YOU MIGHT HAVE.