



Satisfactory Academic Progress Appeal Form

Financial Aid Office Phone: 701-228-5437
 105 Simrall Blvd Bottineau, ND 58318 Fax: 701-228-5499
 Email: fa@dakotacollege.edu

Last Name:	First Name:	MI:	Student ID#:
DCB email address:			Local telephone number:
Last term of attendance at DCB:	Next term of attendance at DCB:		

A student has the right to appeal the disqualification of their financial aid eligibility. Please check the box indicating the reason for your appeal below and follow the instructions. If notified after this appeal form is submitted, students may need to complete a Plan of Study with their advisor before an appeal is granted. All students with a maximum credit appeal need to have a completed academic plan.

- Extenuating circumstances of a medical nature (i.e. illness or hospitalization, mental health issues).
 - Attach a written statement explaining the medical circumstance. Include information that the situation is better and how you plan to succeed academically if given another opportunity.
 - Attach supporting documentation (i.e. letter from health care provider).
- Death or serious injury/illness of an immediate family member.
 - Attach a written statement explaining the situation (i.e. relationship of person to you).
 - Attach supporting documentation (i.e. copy of obituary, memorial program, or death certificate).
- Other extenuating circumstances (be specific) _____
 - Attach a written statement explaining the circumstance and how it impacted your academic performance. Include information as to how the situation has been rectified and how you plan to succeed academically if given another opportunity.
 - Attach supporting documentation (copies of legal documents, signed statements from other involved parties.)
- Attempted maximum credits (you have attempted more than 150% of the required credits for your program).
 - Attach a written statement explaining the reason (i.e. changed majors, transferred in credits).
 - A Plan of Study will be issued to you, if appeal is approved, showing the courses necessary for completion of your program.

I understand that if my financial aid eligibility is reinstated, I am expected to meet the following terms: 1) I must earn a C or better average in every term that I enroll in and, 2) I must complete at least 66.67% of the credits I attempt. I also understand I will be notified by mail of the appeal decision.

Student's signature _____ Date _____

Office use only: ___ Approved ___ Denied

 (Financial Aid Office) (Date)