



ALMA COLLEGE

SATISFACTORY ACADEMIC PROGRESS PETITION FORM

Fill out this form and **attach** supporting documentation describing any unusual circumstances that contributed to your failure to make satisfactory progress.

Your petition must address and document any extenuating circumstance that led to your failure and the resolution to such problems. Aid awarded for the current and future terms is on hold, and will be canceled if petition is not approved. You are responsible for paying charges that you incur if you enroll while on financial aid suspension. Do not assume the petition will be approved, but if it is, an award will be made based on funds that are available at that time. Please note that aid cannot be reinstated for previous quarters during which you were on suspension.

*Allow **two weeks** for review and response, submit by July 1st to avoid delays.*

NAME: _____ ID#: _____

FULL ADDRESS: _____

E-MAIL: _____ PHONE: _____

Possible reasons for suspension:

1. Failed to successfully complete minimum term credits based on your enrollment on the census date.
2. Failed to successfully complete all attempted credits during a term while on probation.
3. Failed to maintain the minimum cumulative GPA.
4. Reached 1.5 times the number of credits required to complete your degree. If you do not know why you are suspended, please talk to a financial aid counselor.

The following items are **REQUIRED** for your petition to be considered:

1. A written explanation (handwritten or typed) of why you failed to complete the minimum credits and/or maintain the minimum GPA.
2. A written explanation of what steps you have taken to ensure satisfactory progress in the future.
3. Official documentation that serves as proof of your extenuating circumstances.

Examples of supporting documentation include, but are not limited to:

- a. Copies of medical documentation with dates of diagnosis/treatment*
**If you failed to make satisfactory progress due to personal medical reasons, we will also need a signed statement from a medical provider verifying you are healthy enough to return to your studies.*
- b. Copy of death certificate or obituary for an immediate family member
- c. Copy of police report with date of incident
- d. Copy of contract or appointment scheduled with the Center for Disability Services, Student Health and Counseling Clinic or Academic Advising

IMPORTANT: *If we do not receive **all** the required information the appeal **cannot** be processed. We will contact you within a week of receiving the appeal if we have questions or need additional information.*

Check if applicable:

- Check here if you now have met the **cumulative** GPA requirement.
- Check here if you have replaced a grade, completed an incomplete, or transferred in summer work.
- Check here if you have completed a semester on your own and would like us to review your eligibility.

STUDENT SIGNATURE: _____ Date: _____