

Required Documentation

- **Complete the Personal Statement. MUST BE TYPED**
- **Detail what has changed that** will allow you to make Satisfactory Progress at the end of next semester.
- **Documents** that support your request (i.e., statements from physicians, counselors, clergy, medical records, court documents, birth/death certificates, obituaries, etc.)
- **Academic Plan** developed with the assistance of your Academic Advisor or a member of the Advising Center staff if you have not yet declared a major.

Personal Statement

Describe the reasons and circumstances surrounding your insufficient academic progress. You **must** address **HOW YOUR CIRCUMSTANCES HAVE NOW CHANGED** to allow you to be academically successful. Statements of “good intentions” are not sufficient. Attach additional pages if necessary and attach all documentation. You must sign this form and all supplemental pages.

4. You may submit a Satisfactory Academic Progress Appeal for extenuating circumstances: (Check one)

- Serious illness or injury that required extended recovery time
- Death or serious illness of an immediate family member
- Significant trauma that impaired your emotional and/or physical health
- Other documented circumstances

ACADEMIC ADVISOR FORM

This part of the Satisfactory Academic Appeal Form is to be completed by the academic advisor or other academic official to provide information relevant to the request to continue eligibility for financial aid. The information will be used in review of the student's appeal and is required for the appeal to be complete. Submission of an appeal does not guarantee approval.

Student must complete:

Last Name: _____ First Name: _____ ID: F00 _____

Advisor must complete:

NOTE: Students area(s) of concern as detailed on FELiX under Financial Aid Academic Progress

Section 1: Complete this section only if the student has exceeded the 150% Maximum Time Frame

- Degree Program and Major _____
- Total number of credit hours required for degree program _____
- Current number of earned credit hours (including transfer work) _____
- Projected number of additional attempted credit hours to achieve graduation _____

Academic Plan (Required)

- Complete an academic projection for this student's next three terms.
 - (Can be fewer than three terms only if the student will graduate in fewer terms)
- View SAP Guide for Advisors at:
 - <https://www.fairmontstate.edu/finaid/resources/satisfactory-academic-progress-policy>
- Complete SAP Worksheet for Advisors at:
 - <https://www.fairmontstate.edu/finaid/resources/satisfactory-academic-progress-policy>

Additional Comments:

By signing this document I am certifying that I have discussed the academic requirements/academic plan contained in this recommendation with the student.

Academic Advisor/Academic Official Printed Name Title

Phone Email Department/College

Advisor Signature Date

I understand the academic requirements and/or academic plan recommended by the Academic Official. If I intend to alter my schedule or deviate from the academic plan, I will contact the academic official and the Financial Aid Office. I understand that if I do not, further eligibility for financial aid may be denied.

Student Signature Date

For Office Use Only

Personal Statement
Academic Plan
Third Party Documentation
Previous Appeal: YES NO

Committee Decision: Approval Denial Date: _____

Member 1: _____

Member 2: _____

Member 3: _____

Director Decision: Approval Denial Date: _____

Terms of Approval/Contract:

GPA requirement: _____

Minimum Hours requirement: _____

Semester requirement: _____