



## Satisfactory Academic Progress Appeal Form For 2021-22 Aid Reinstatement

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

BW Email: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Appeal Reason (please check one):  Medical  Personal Emergency  Other \_\_\_\_\_

**Describe the extenuating circumstances that impacted your academic performance\*:**

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**Explain, in detail, how you plan to ensure your future academic success\*:**

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\* If additional space is needed, you may attach an additional page(s) to this signed appeal form.

**I have discussed the development of an academic plan with an Academic Advisor or Mentor.**

**Advisor/Mentor Signature (required):** \_\_\_\_\_

By signing this worksheet, I certify that all the information reported on it is complete and correct. Because this information may affect federal aid eligibility, purposely giving false or misleading information may cause you to be fined up to \$20,000.00, sent to prison or both. I understand any false information may be cause for the denial of my appeal.

**By signing this form, I am requesting that upon approval of my Satisfactory Academic Progress appeal, my aid be reinstated for my next term of enrollment.**

**Your signature must be handwritten; typed and electronic signatures are not accepted.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_