

# Satisfactory Academic Progress Appeal Form



Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ TSTC MyMail Address \_\_\_\_\_@mymail.tstc.edu

Check the semester that you are applying the appeal to:  Spring 2012  Summer 2012  Fall 2012  Spring 2013

**Deadline:** Once you are notified about financial aid suspension or max status, you have five (5) working days to submit an appeal or up to the subsequent semester census date, whichever comes first. The census date for the subsequent semester can be found in our college calendar at [www.harlingen.tstc.edu/calendar](http://www.harlingen.tstc.edu/calendar).

*In reviewing appeals, we evaluate your entire academic history, not just the most recent semester or year. You should review your transcript to identify and address all semesters (at any school) of poor academic performance (i.e., withdrawals, dropped courses and poor grades) and provide as much documentation of extenuating or mitigating circumstances as possible.  
Responses will be e-mailed to your TSTC e-mail address.*

**Explain why you are not meeting satisfactory academic progress.**

---

---

---

---

---

---

---

---

**What requirements are you failing?**

---

---

---

---

**Explain what has changed in your situation that will allow you to demonstrate satisfactory academic progress at the next evaluation.**

---

---

---

---

---

**Along with this form, you must attach a personal written statement:**

Explaining how your extenuating circumstance affected your academic performance and explain why those circumstances are no longer a negative influence on your studies. *Outline any recent changes that will have a positive impact on your academic performance.*

**Additional documents needed:**

- Attach supporting documentation (i.e., physician statements, court documents, etc.) for the situation or extenuating circumstance. **Appeals submitted without supporting documentation will not be accepted.** All documents submitted will remain confidential.
- Meet with your Academic Advisor and discuss your progress in your program. Your Academic Advisor will need to fill out the information on the back of this sheet.
- Prepare a success plan that explains what you will be doing to help improve your progress.
- Attach a copy of your degree plan (Program Evaluation)

**Program Advisor Comments**

Please specify the number of credit hours required and the total credit hours needed to complete degree.

1. The required number of hours for the student's degree plan \_\_\_\_\_.
2. The student needs \_\_\_\_\_ remaining credit hours in order to complete his or her degree/certificate from TSTC Harlingen.
3. Has the student completed the Discover education and career planning tools available at the Counseling/Advisement Office?  Yes  No If not, please advise the student to complete this requirement.

Please provide additional comments regarding the student's academic progress.

---



---



---

Has the student developed a plan to help him/her improve their progress? Describe the actions that will help the student to be successful

---



---



---

**Certification:** I acknowledge that the student will be registered for courses required by his/her degree plan. Please attach a copy of the student's degree plan (EVAL).

TSTC Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Extension: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Student Certification Statement**

I have attached a letter that addresses the circumstances that prevented me from maintaining Satisfactory Academic Progress. My letter explains what will be different about the upcoming semester(s) and how I will be able to meet the standards of Satisfactory Academic Progress. All of the information on this form is true and complete to the best of my knowledge. I certify that I have read the instructions and have met with an Academic Advisor regarding my progress and understand that submitting an appeal along with supporting documentation does not guarantee an approval and that the Financial Aid Office's decision is final. I am aware that I am responsible for payment if I am not eligible for financial aid. I have reviewed and agree to comply with the academic plan that is outlined and was discussed with me.

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

**Financial Aid Office Use Only**

- Letter Attached     Evaluation Reviewed     Academic Plan     Discover
- Approved Date: \_\_\_\_\_     Disapproved Date: \_\_\_\_\_     Pending Additional Information Date: \_\_\_\_\_
- Comments:

---



---

Appeal Code: \_\_\_\_\_

Override Date: \_\_\_\_\_ Program: \_\_\_\_\_

Financial Aid Representative's Signature \_\_\_\_\_

<b>For Office Use Only:</b> CRI Code: <b>FAC11APP (11/12)</b>	Date Entered: _____	Initials: _____	Date Scanned: _____	Initials: _____
<b>FAC12APP (12/13)</b>	Date Entered: _____	Initials: _____	Date Scanned: _____	Initials: _____

Equal opportunity shall be afforded within the Texas State Technical College System to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. TSTC will make reasonable accommodations for students with disabilities.