

Satisfactory Academic Progress Appeals Form Phillips Community College of the University of Arkansas

Name: _____

Social Security Number or Student ID: _____

Address: _____

City, State Zip: _____

Phone (_____) _____ Current Email Address: _____

Anticipated Graduation Date: _____

Semester or academic year you are requesting reinstatement: _____

Degree you are seeking at PCCUA: _____ Advisor: _____

Students who have lost their eligibility for financial aid due to their unsatisfactory academic progress, or due to excessive hours, may appeal for reinstatement of their eligibility if circumstances beyond their control prevented them from meeting the established standards. To appeal, submit the requested information below that pertains to your situation. Your responses should be provided on separate paper and attached to this form with supporting documentation.

1. Provide your own statement describing the reasons and the circumstances that caused you to fail to meet the required standards. It is important that you demonstrate a clear and thorough understanding of why you experienced academic difficulties so that you will be able to take sufficient steps in the future to improve your academic performance and meet the prescribed standards. Be specific in your explanation since incomplete information may cause a delay in the review of your appeal or a denial of your request.
2. Provide a second statement in this same letter outlining the specific steps you intend to take during the semester you are requesting to come and what steps you will take to improve your academic performance. This statement should be thorough and detailed, demonstrating your commitment to achieving the required grade point average and/or percentage of completed credits.
3. Attach documentation that supports your appeal: letter(s) and transcript(s). If, for example, the deficiency was caused by medical problems or personal injury, provide supporting evidence from a physician or hospital. Other forms of documentation might include a letter from an instructor, counselor or therapist, copy of obituary or death certificate in the case of the death of a family member, etc. **Transcripts must be received from all schools that you have attended if you are appealing due to excessive hours.** Transcripts must be attached and returned with form.
4. If the deficiency was a result of special academic circumstances, attach a degree plan outlined by your academic advisor which demonstrates that you have sought their assistance in developing a plan of academic support that will assist you in meeting the standards of satisfactory academic progress.
5. Sign and attach this form to your written statements, transcripts, and documentation and return it to:
Phillips Community College of the University of Arkansas
ATTN: Financial Aid Office - Appeals Committee
PO Box 785
Helena, AR 72342

To the best of my knowledge, all of the information contained in this appeal is complete and correct.

Student Signature: _____ Date: _____

Consideration for Summer 2024: Appeal Form must be received by **June 7, 2024**

Consideration for Fall 2024: Appeal Form must be received by **August 16, 2024**