



Satisfactory Progress Appeal

Last Name First Name M.I. Student ID#
( ) - Phone Number (Including Area Code) Date of Birth

This is my first appeal I have previously appealed a suspension (semester/year)

You may appeal for reinstatement of financial aid only if there were extenuating circumstances which led to your academic difficulties. Extenuating circumstances are those over which the student has no control and may include death in the student's immediate family, hospitalization, accidents, and illness. The Financial Aid Satisfactory Academic Progress Appeal is a two part process.

- 1. In order to appeal you must first present the Satisfactory Progress Appeal including a detailed statement explaining your extenuating circumstances along with third party documentation verifying your claim. The Financial Aid Office will review your statement and documentation to determine if your extenuating circumstances have merit. Please refer to page two of this form for an outline of the information that must be submitted in order for your extenuating circumstances to be taken into consideration. If your extenuating circumstances are deemed to have merit, you will be granted the ability to complete step two of the appeal. If it is determined that your extenuating circumstances and/or documentation is invalid your appeal will be denied. Incomplete appeals/documentation will not be considered.
2. Step two of the appeal requires that you complete an academic plan with your major advisor. Academic plan forms are available from the Financial Aid Office. Approval/denial of the Satisfactory Academic Progress Appeal will be dependent on your academic plan and your ability to meet the terms of Satisfactory Academic Progress (www.csi.edu/SAP) Please note that receiving initial approval of extenuating circumstances does not guarantee your appeal will be approved.

Please read over the entire appeal packet carefully, failure to provide the requested information will result in a denial of this appeal. By submitting this appeal, you are requesting that your extenuating circumstances be considered as a means of re-establishing eligibility for financial aid.

In order to help our office process your appeal, please tell us more about your academic plans by answering the following three questions. Please attach a separate sheet of paper if you need more room.

- 1. What is your current degree or certificate objective?
2. What is your anticipated graduation date?
3. After you complete your current degree or certificate, what are your career goals?

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Last Name

First Name

M.I.

Student ID#

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By submitting this appeal, you are indicating that there were **extenuating circumstances** that affected your ability to meet Satisfactory Progress Requirements. Extenuating circumstances are those over which the student has no control and may include death in the student's immediate family, hospitalization, accidents, and illness. In order for your appeal to be taken into consideration, you must submit the following required documentation.

- A written/typed statement describing in detail
  - The extenuating circumstances that prohibited you from meeting the Satisfactory Academic Progress requirements, be specific with your statement and include dates
  - What changes have occurred that will enable you to now meet the Satisfactory Academic Progress requirements
  - Please sign and date your statement
  
- Third party verification (proof) of your circumstances or conditions.
  - Possible examples could include a doctor's note, legal documentation, medical documentation, death notice and/or a copy of a death certificate

**The appeal evaluation and decision will be based on the information you provide on this appeal as well as the information contained within your supporting documentation. Incomplete appeals/documentation will be denied.**

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I acknowledge that it is my responsibility to be aware of all the CSI deadlines. I am responsible for making tuition payment arrangements in full, on time, regardless of financial aid or this appeal form. Failure to pay my tuition and/or fees may result in additional fees as well as my classes being dropped. I am responsible for any late fees or charges I incur as a result of not paying my tuition in full or on time.

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Student Signature

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Date

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**\*\*\*FINANCIAL AID OFFICE USE ONLY\*\*\***

**Suspension Appeal:**    \_\_\_\_\_ **Approved**    \_\_\_\_\_ **Denied**

**Adjustments based on:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Aid Advisors Signature** \_\_\_\_\_ **Date** \_\_\_\_\_