## Satisfactory Academic Progress Appeal Form

Student Information (Please Print)			Return Form to:	
Student ID# Phone #			Office of Financial Aid	
Student Name:			University of Mary Washin	gton
			1301 College Avenue	
Expected Graduation Date: (mm/yyyy) _			Fredericksburg, VA 22401	
			Fax: 540-654-1858	
<b>Term</b> that you are appealing for:	Fall _	Spring	Summer	Year:
<b>Due Date</b> : Appeal form, personal statement days after your first notification but before the date for extenuating circumstances. <b>Please note</b> : Acceptable circumstances for	ne published deadl	ine date in the pol	icy. The Office of Financial Aid	may extend the due
CURRENT SAP STATUS AND APPEAL I	REQUIREMENTS	6 (check one):		
<ul> <li>Financial Aid Suspension</li> <li>A signed, type-written personal state your academic performance and the academic performance again.</li> <li>Provide any relevant supporting doc</li> <li>Maximum Timeframe Suspen</li> <li>A signed type-written personal state not yet completed your educational</li> <li>A graduation plan signed by your Fa and credits yet to be completed to f</li> </ul>	e measurable steps cumentation sion Appeal r ement that fully exp program. culty Advisor. The	eplains the basis of you have or will to must include: plains the reason(s	ake to prevent the problem from	m affecting your
All incomplete appeals will be returned right to request additional information your name and Student ID# on all supports.	n or verify the i	nformation sub	mitted with this appeal. E	Be sure to note
You will be notified by letter of the repacket. We will also send a message	· · · · · · · · · · · · · · · · · · ·	-	<del>-</del>	
Student Signature			 Date	