Satisfactory Academic Progress Appeal of Financial Aid Suspension

Semester: ______________________

Name: ___________________________  GT ID: ___________________________

Email: ___________________________  Phone Number: _____________________

As a condition of receiving financial assistance from Georgia Tech, I understand that I am required to meet the standards of Satisfactory Academic Progress for financial aid recipients. I understand that I may appeal a suspension from financial aid eligibility if there are extenuating circumstances. By submitting this petition, I authorize the review of my academic records and financial aid awards, including any prior appeal actions, by members of the Financial Aid Appeal Committee.

Section I: Student Statement of Appeal
Specify the reason(s) why the minimum Standards of Satisfactory Academic Progress requirements were not met. Attach additional pages if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section II: Achieving Satisfactory Academic Progress
Specify the steps that you have/will take toward achieving Satisfactory Academic Progress.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Please allow up to 10 business days for processing.

Student Signature ______________________ Date ______________________

For Office Use Only:

Current GPA: __________  Required GPA: __________

Approved: __________  Denied: __________

2nd Reviewer Decision/Signature: ______________________

Total Hrs Attempted: __________

Hrs Req. for Degree: __________

150%: __________

Reviewed by: ______________________

Date: ______________________