

**NORTH CAROLINA A&T STATE UNIVERSITY  
STUDENT FINANCIAL AID OFFICE  
SATISFACTORY ACADEMIC PROGRESS APPEAL FORM 2009-2010**

**Section A - General Information**

Name \_\_\_\_\_ Banner ID# \_\_\_\_\_

Address \_\_\_\_\_

Phone No: (     ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Check One: \_\_\_ Undergraduate \_\_\_ Graduate

Major: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Please check the semester the appeal is being submitted for: Fall-2009 \_\_\_\_\_ or Spring-2010 \_\_\_\_\_**

**Section B - Reasons for an Appeal (Check all that apply)**

\_\_\_\_\_ **Working on a second undergraduate degree** - A letter from your Advisor or Academic Dean must be attached indicating the courses, the credit hour of each course, the total hours required to complete the second degree and your anticipated graduation date.

\_\_\_\_\_ **Double Major** – A letter from your advisor indicating that you are working on a double major and the number of hours required for you to complete both majors.

\_\_\_\_\_ **Illness or injury** – Documentation of illness must be attached (doctor’s letter, hospital bill, etc).

\_\_\_\_\_ **Death or extended illness of immediate family member** - Please attach a copy of the death certificate and program. Consideration will only be given for immediate family member (i.e.: parents, spouse, brother, sister, children).

\_\_\_\_\_ Unusual circumstances not applicable to the above – Please provide details and documentation (if possible).

Date the circumstance(s) occurred: \_\_\_\_\_

**Section C - Student’s Letter of Appeal**

**Please provide a detail explanation of your appeal.** This form must be completed by you (the student). An additional sheet may be used if more space is needed. Please write legibly and provide documentation.

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**Student's Name:** \_\_\_\_\_ **ID #** \_\_\_\_\_

Explanation Cont.

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Please explain what you have done or are doing to resolve the problem(s) that prevented you from making satisfactory academic progress. Be specific.

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Please return this form to the Student Financial Aid Office.

**The last day that an appeal request form will be accepted for the Fall 2009 semester is July 24, 2009 and January 7, 2010 for the Spring 2010 semester.**

**NORTH CAROLINA A&T STATE UNIVERSITY**  
**Student Financial Aid Office**  
**1601 E. Market Street**  
**Greensboro, NC 27411**  
**(336) 334-7973 • Fax (336) 334-7954**