



**OFFICE OF STUDENT FINANCIAL AID
SATISFACTORY ACADEMIC PROGRESS APPEAL SUMMER 2020**

Section A - General Information

Name: _____ Banner ID Last 6 Numbers: XXX_____

Address: _____

Telephone No: _____ () _____ City _____ State _____ Zip _____
Check One: Undergraduate Graduate

Major: _____ Academic Advisor: _____

E-mail Address: _____ Cell No.: _____ () _____

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

- Medical:** Documentation of illness must be attached to the Appeal Form. For instance: a letter from the physician, hospital, etc.
- Death or extended illness of immediate family member (parents, spouse, siblings, and children):** Please attach a copy of the death certificate or obituary. Consideration will only be given for immediate family members.
- Working on a second undergraduate degree:** A Second Degree Form completed by your Academic Advisor or Dean/Chair of your Department indicating the courses, the credit hour of each course, and the total hours required to complete the second degree with your anticipated graduation date. The Second Degree Form can be found at <https://www.ncat.edu/admissions/financial-aid/forms-and-publications/index.php>.
- Dual Degree (Double Major):** A Dual Degree Form completed by your Academic Advisor indicating that you are working on a double major and the number of hours required for you to complete both majors. The Dual Degree Form can be found at <https://www.ncat.edu/admissions/financial-aid/forms-and-publications/index.php>.
- Unusual circumstances not applicable to the above:** Please provide details and documentation. Date the circumstance(s) occurred: ____/____/____.
- COVID-19 Pandemic:** Please explain in detail.

Please Note:

If your appeal references sexual misconduct, the Office of Student Financial Aid is required to report allegations to the Title IX Coordinator.

Section C - Student's Academic Plan of Action

An Academic Plan of Action from your Academic Advisor **MUST** be submitted with this appeal form.

Name: _____ Banner ID Last 6 Numbers: XXX_____

Section D - Student's Letter of Appeal

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

Explanation Cont.: _____

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

Signature: _____ **Date:** _____ / _____ / _____

- **If my appeal is approved, my signature above confirms I understand it is my responsibility to utilize all resources available to me at the University in order to achieve academic success during the financial aid probationary period.**
- **If I do not earn the required number of hours during the financial aid probationary period, I understand I will not be meeting Satisfactory Academic Progress and may not be approved for another appeal.**

Deadline: The last day which an Appeal Request form will be accepted for Summer I 2020 & Dual Session is May 20, 2020.

Deadline: The last day which an Appeal Request form will be accepted for Summer II 2020 is June 16, 2020.

Students submitting Appeal Request forms after these dates should establish other payment options to secure classes.

**Please return this form to:
Office of Student Financial Aid
North Carolina A&T State University
Office of Student Financial Aid Office
1601 E. Market Street
Greensboro, NC 27411
(336) 334-7973 • Fax (336) 334-7954**