

Great Falls College MSU Admissions and Financial Aid ~ Satisfactory Academic Progress Appeal Form

2100 16th Avenue South, Great Falls, MT 59405

[406] 771.4300 or [800] 446.2698 fax: [406] 771.4329

www.gfcmsu.edu

Name _____ Student ID number _____ Phone _____

Current Address _____
 Street City ST Zip Email Address _____

Last Term Attended: Fall Spring Summer Year: _____ Next Term Planning to Attend: Fall Spring Summer Year: _____

Please attach an explanation detailing why you failed to maintain Satisfactory Academic Progress. Be very specific. Explain how you will successfully complete your next term of enrollment, and how your extenuating circumstances have changed. Attach the appropriate documentation to support your appeal. **Appeals will not be reviewed without the appropriate documentation and explanation.**

Admissions

An updated Admissions Application must also be submitted with this form.

Please check all boxes that apply:

- Medical conditions have prevented me from completing the required minimum GPA *(please attach explanation and medical documentation)*
- Death in the immediate family *(please attach explanation of relationship and obituary or memorial pamphlet)*
- Incomplete or incorrect grades from my last term of enrollment have been changed. *(grades must be officially changed in the Registrar's Office before your appeal will be considered.)*
- I have successfully completed a term at another institution. *(please submit transcript for documentation)*
- Personal issues that inhibited my academic progress have been resolved. *(please attach explanation and documentation)*
- Other *(please attach explanation and any relevant documentation)*

Please allow 2-4 weeks for processing and review. You will be notified in writing as soon as a decision has been made. Appeals submitted less than 2 weeks prior to the beginning of classes may not be processed due to time constraints

Financial Aid

- Please check this box, showing that you've attached your Program Advisory Sheet after you have reviewed & completed it with your advisor.** The plan must list the courses you will enroll in each term, up to completion of the degree. The plan must be dated and sign by you and the Advisor.

I would like to request reinstatement of my eligibility for financial aid for the reason(s) checked below:

- Medical conditions have prevented me from completing the minimum number of required credit hours or maintaining required minimum GPA *(please attach explanation and medical documentation)*
- Death in the immediate family *(please attach explanation of relationship and obituary or memorial pamphlet)*
- Personal extenuating circumstances *(please attach explanation & documentation)*
- I have exceeded my maximum time frame for Financial Aid, I need an extension to complete my program *(please attach an explanation detailing why your program was not completed in time frame allowed)*
- Other *(please attach explanation and any relevant documentation)*

By my signature below I certify that to the best of my knowledge all of the information that I have provided is accurate. I understand that the decision of the appeal committee is final.

Signature: _____

Date: _____

For Registrar's Office Use Only:

Approved for Fall Spring Summer Year: _____ Probation
 Denied – Explanation Below Pending – Explanation Below

Comments: _____

For Financial Aid Office Use Only:

Approved for Fall Spring Summer Year: _____ Acad Plan
 Probation Max Time Extension Through _____
 Denied – Explanation Below Pending – Explanation Below

Comments: _____

Registrar Signature: _____ Date: _____

Director of Financial Aid Signature: _____ Date: _____

