CHAMPLAIN COLLEGE

2023-24 SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

OFFICE OF FINANCIAL AID

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> P 802.860.2777 F 802.860.2775

www.champlain.edu

	FIRST NAME	MI	CHAMPLAIN COLLEGE ID NUMBER
DDRESS			DATE OF BIRTH
тү	STATE	ZIPCODE	TELEPHONE NUMBER (INCLUDE AREA CODE)
NANCIAL AID	SATISFACTORY ACADEM	IIC PROGRESS APPEAL FO	RM
cademic Progres gulations, studer this form to ap- recumstances. 1. Pro	s policy can be found in the stats notified of their ineligibility opeal for reconsideration of find the system of the control	tudent handbook, financial ai y for financial aid due to not a nancial aid eligibility, as long a e circumstances that pre	d section online at www.champlain.edu. Pursuant to federal meeting Satisfactory Academic Progress requirements may as this happened as a result of mitigating and unusual (crisis) evented you from meeting the Satisfactory Academic cumentation that verifies your situation.
	may use a separate sheet of p	, ,,,	
per cor	iod of time. Please attach a sta	atement from your doctor or	use or dependent children were injured or ill for an extended a letterhead stating the nature of illness, current health <u>OR</u> copies of hospital bills detailing dates involved and
the		isor, priest, social worker or th	statement of support from person(s) involved in or aware of herapist), AND/OR birth or death certificate or relationship accordingly.
			abuse, arrest, incarceration, or other unexpected documentation must be attached.
	and an end control	11	



WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

mportan	t inform	ation regarding the appeal process:
TUDENT'	'S SIGNA	TURE DATE
		the appeal will be automatically denied.
	C.	I attest that this information is true and accurate. I understand that any falsified information will result in denial of this appeal from and incomplete information may cause delays. I understand that without sufficient documentation
	В.	When was the last time you attended Champlain College?
	A.	I am completing this appeal form so that I may be reconsidered for financial aid for the semeste Important: Students are advised to appeal within 30 days of their Financial Aid Suspension letter.
	Please	fill in the blanks and sign before returning form back to the Office of Financial Aid:
		ments and when you anticipate to be meeting Satisfactory Academic Progress requirements.
3.		the Financial Aid Academic Planning Worksheet, found at www.champlaincollege.edu signed by you and your nic Specialist which indicates the specific action you will take to meet federal Satisfactory Academic Progress
2.	Please i	the positive steps you are taking to ensure future success in attaining your academic goals. Indicate if you are meeting with an academic advisor, tutor, counselor or are attending any type of study skills session gular basis.

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If your appeal is approved, you will be placed on financial aid probation for the next term of your enrollment. During probation, you must meet satisfactory academic progress requirements and/or the conditions of your academic plan.

You will receive notification via your Champlain College email and instructions after your appeal is reviewed and processed within approximately 7-10 business days of receipt of this form.

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