CHAMPLAIN COLLEGE

OFFICE OF FINANCIAL AID 163 South Willard Street PO Box 670 Burlington, Vermont 05402

P 802.860.2777 F 802.860.2775 Email: compass@champlain.edu

I N	First Name		Chanala's Calland ID	
Last Name	First Name		Champlain College ID	
Address			Date of Birth	
City	State	ZipCode	Telephone Number	
20	24 – 25 Satisfactory Acade	mic Progress Appe	eal Form	
encourage students to successfu College Satisfactory Academic P www.champlain.edu. Pursuant Satisfactory Academic Progress as this happened as a result of m 1. Provide an explan Progress requirem You may use a separation of time extended period of time.	rogress policy can be found in the sto federal regulations, students not requirements may use this form to nitigating and unusual (crisis) circulation of the circumstances that penents and attach the supporting trate sheet of paper (typed preferred medical reasons: You, your pare e. Please attach a statement from y	satisfactorily toward prostudent handbook, finantified of their ineligibility of appeal for reconsideral mattances. prevented you from modocumentation that veed). Int, spouse or dependent our doctor on letterhead	rogram completion. The Champlain ncial aid section online at y for financial aid due to not meeting tion of financial aid eligibility, as long eeting the Satisfactory Academic	
aware of the situation (al worker or therapist), <i>i</i>	pport from person(s) involved in or AND/OR birth or death certificate or ingly.	
	Is that will be considered are those nces beyond the control of the app			
-				

CHAMPLAIN COLLEGE

OFFICE OF FINANCIAL AID 163 South Willard Street PO Box 670 Burlington, Vermont 05402 P 802.860.2777 F 802.860.2775

Email: compass@champlain.edu

		are taking to ensure future success in attaining your academic goals. Please a cademic advisor, tutor, counselor or are attending any type of study skills	
3.	Attach the Financial Aid Academic Planning Worksheet, found at www.char Academic Specialist which indicates the specific action you will take to mee requirements and when you anticipate to be meeting Satisfactory Academic	et federal Satisfactory Academic Progress	
	Please fill in the blanks and sign before returning form back to the Off	ice of Financial Aid:	
	I am completing this appeal form so that I may be reconsideresemester. Important: Students are advised to ap Financial Aid Suspension letter.		
	When was the last time you attended Champlain College?		
	 I attest that this information is true and accurate. I understand will result in denial of this appeal from and incomplete inform understand that without sufficient documentation the appeal 	ation may cause delays. I	
our app	information regarding the appeal process: eal is approved, you will be placed on financial aid probation for the next ter you must meet satisfactory academic progress requirements and/or the cor		
	ceive notification via your Champlain College email and instructions after your coximately 7-10 business days of receipt of this form.	our appeal is reviewed and processed	
Stude	nt Signature	Date	