

Student Signature:_

Financial Aid Office PO Box 421 Glendive, MT 59330 Phone: (406) 377-9410

Fax: (406) 377-8132

SAP (Satisfactory Academic Progress) Appeal for Financial Aid Reinstatement

Name:		St	Student ID#: D16			
Address:		City:				
State:	Zip Code:	Phone#:				
The term in which you wish to return:	AUTUMN	SPRING	SUMMER	YEAR:		
For an appeal to be approved, a student mubeen resolved. To that end, a student must			stance that has rea	asonably		
A written description as to what ex standards and what has changed so explanation on the reverse side of t	that the same issue w	ill not be a hindranc				
Documentation corroborating the s medical documentation or letters fi			ide things like dea	ath certificates,		
3. Documentation indicating the situa note from a doctor indicating that t will be academically successful in	the condition has impr					
 Some examples of extenuating circumstance Medical emergencies Death in the immediate family Other situation that could not be 		beyond the student	's control			
Note: Students who previously were unab- appeal again. However, the only thi documentation) is if the student take GPA of at least a 2.0 and passes all	ng likely to result in a es additional coursewo	successful appeal (lork and does well in	oarring submissio	n of new		
In submitting a subsequent appeal, transcript, if the coursework was tale into consideration the student's over set number of credits that will result without taking additional coursework.	ken somewhere other t rall academic record a t in an approved appea	han DCC. In makin nd how well they di l. Simply stopping o	g a decision, the od in the most receptute of school for a	committee will take ent term. There is no		
Step 3: Student Certification						
I certify that the following explanation and lacking supporting documentation will be obefore the term begins; and that to receive	denied; that for timely	review, appeals sho	uld be submitted	at least a week		

Date:_

Explanation: