



FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Federal regulations require a student to meet Satisfactory Academic Progress Standards which entails earning a minimum 2.0 cumulative grade point average and completing a minimum 67% of the course work attempted. Because you have not met one or both of these standards, this appeal form is required. Follow the instructions carefully, as failure to do so will result in the appeal being denied.

Name: _____ EAC ID# _____

Mailing Address: _____
Street and/ or Box # City State Zip

Instructions:

Check the box below if your academic performance was effected by the COVID-19 outbreak

My academic performance during the Spring 2020 or Summer 2020 semester was effected due to circumstances related to the COVID-19 outbreak such as but not limited to difficulty with transitioning to distance learning classes, stress from loss of income or parent loss of income, displaced from housing, anxiety or stress due to the COVID-19 outbreak, medical/ health circumstances, loss of access to the EAC library, difficulty finding study space, etc.

For circumstances other than COVID-19

1. Attach to this form a written statement that includes your name, signature and date:

- List the reason(s) you experienced difficulty and did not succeed academically. (Examples of legitimate difficulties are: death in the family, illness or injury, family problems, and/or change in work schedule).
- An explanation as to what your plan is to improve your academic performance.

2. Attach to this appeal the documents which apply to your situation. Since this documentation will determine approval or denial of your appeal, please provide pertinent information. **Lack of documentation will result in appeal denial.**

- Death certificate or obituary of deceased family member.
- Letter(s) from physician(s), hospital(s), or other health care professional(s), and receipts or bills, if the medical problems influenced performance.
- Letters from advisors, counselors, faculty, and other knowledgeable people who knew the difficulties you experienced.
- Letter from your employer verifying a change in work schedule and when it occurred.
- Any other documents, statements or receipts that show cause for academic problems.

Certification: I certify all information on this appeal, and attached documentation, is complete and accurate. I understand that purposely giving false information may result in a fine \$20,000 and a prison sentence, or both.

Student's Signature: _____ **Date:** _____

Return this form to: EAC Financial Aid Office, 615 N Stadium Ave, Thatcher, AZ 85552, FAX # 928-428-2391 or your Gila Hank Financial Aid Forms Drop Box. Check your 'My Financial Aid' under important dates to ensure you have met the deadline to submit this appeal.