EASTERN ARIZONA COLLEGE

Financial Aid and Veteran Services
615 N. Stadium Avenue, Thatcher, Arizona 85552
(928) 428-8287 finaid@eac.edu

Name: _____

Student ID: _____

Phone: _____

Email: _____

2026-2027 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.

Select the reason for appealing below and follow the instructions listed:

☐ **Significant Illness or Injury for either student or family member**: I have attached a letter explaining the illness or injury including specific dates of when it occurred and how long it lasted. I have also attached a doctor's statement or medical records verifying the dates of said illness/injury.

☐ **Death of a Family Member:** I have attached a letter stating my family member's date of death and my relationship to them along with a copy of their obituary.

☐ **Change in Employment or Work Schedule:** I have attached documentation of a change in my work schedule. For example: a letter from employer giving dates of when hours changed, letter from employer stating new work schedule will not impede with school or copy of time sheets for applicable time period.

☐ **COVID Related Circumstances:** I have attached a letter explaining the COVID related circumstances and any applicable documentation. Allowable circumstances include but are not limited to COVID illness of a student or family member, compliance with a quarantine period, need to become a caregiver, loss of childcare, inability to access wi-fi due to a closed facility, closure of an EAC facility, closure of a K-12 school attended by a student's child.

☐ **Other Extenuating Circumstances:** I have attached a letter explaining an extenuating circumstance not listed above. I have included the date when the extenuating circumstances occurred and documentation if available. (There may be circumstances that significantly impact a student's ability to maintain satisfactory academic progress such as when a student is the victim of a crime, the victim of physical or emotional abuse, or there is a significant breakdown of a relationship in a student's family. If the student wishes to keep these circumstances private, they can request to have a meeting with a financial aid counselor).

You are required to meet with an Academic Advisor to review your current program and course plan. Academic Advising can be reached at (928) 428-8253.

Student Acknowledgement

☐ I have met with an Academic Advisor and have gone over my current program and courses.

Please provide detailed statements for the following questions:

1. Explain the extenuating circumstance that occurred, including dates of when the extenuating circumstance occurred. Please provide supporting documentation related to the extenuating circumstances. ***Attach a letter if more room is needed**.*

2. Explain how your circumstances have changed. Corrective action must show that the situation will not recur if eligibility is restored. ***Attach a letter if more room is needed**.*

3. Explain what steps you will take to ensure you will successfully complete your courses. ***Attach a letter if more room is needed**.*

Certification and Signatures

The person signing this worksheet certifies that all the information reported on it is complete and correct.

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

The student must sign and date this form

Student's Signature Date