Federal Financial Aid Satisfactory Academic Progress Appeal Form

Name: ___________________________        ID: ___________________________

Phone Number: ___________________________

Degree/Major: ___________________________        Expected graduation date: ___________________________

Advisor Name: ___________________________

Is this your first time appealing federal financial aid suspension at South Dakota Mines?

______ Yes        ____ No        If yes, how many times have you previously appealed? ________

Instructions

1. Provide a typed statement that includes the following:
   • Fully explain the circumstances that prevented you from making satisfactory academic progress. Your appeal must be based on extenuating circumstances beyond your control that affected your academic progress. Examples of extenuating circumstances include injury, illness, death of a relative, or other special circumstances.
   • Explain what has changed in your situation that will allow you to make satisfactory academic progress. Outline specific actions that you will take to improve. Examples of specific actions include utilizing tutoring, enrolling in fewer credits, working fewer hours, resolving personal or health issues.
   • Include any additional documentation or support to strengthen your appeal. Examples include documentation of medical situations, letter from counselor, letter from student success advisor, or letter from another third party.

2. You must meet with your academic advisor prior to submitting your appeal. Provide the following:
   • Fall and spring semester course schedules which you have reviewed with your advisor.
   • Your advisor must verify that you have met and agreed upon your intended course schedules as reasonable, achievable, and making progress towards your degree completion. Your advisor may verify by:
     o Signing a printed copy of your course schedules; OR
     o Email approval with the email text containing your course schedules.

The information provided on this form and with my appeal documentation is accurate to the best of my knowledge.

_________________________________________        ________________________
Signature                                           Date

Submit to: Financial Aid Office * 501 E Saint Joseph St * Rapid City, SD 57701
Email: FinancialAid@sdsmt.edu * Fax: 605-394-1691 * Phone: 605-394-2274

Committee Decision:        Approve        Deny
Joseph Dlugos (chair)       _______        _______
Michael Dowding            _______        _______
Christine Mathews          _______        _______
Erin Richards              _______        _______
Robert Sales               _______        _______