McLennan Community College
Office of Financial Aid
SATISFACTORY ACADEMIC PROGRESS APPEAL FORM
(Incomplete forms will be returned to you)

_____________________________ ________________________________
Full Name ID /SSN

Current degree/certificate (major) __________________________________________________

Expected date of graduation (mo/yr) ________________________Hours needed_____________

For what semester are you requesting financial aid reinstatement? ________________________

FINANCIAL AID CANNOT BE AWARDED FOR A SEMESTER ALREADY COMPLETED.

I have read the standards of Satisfactory Academic Progress and I understand that I am no
longer eligible for financial aid because (please check all that apply):

_____ My MCC cumulative grade point average is less than 2.0.

_____ I did not complete 67% of my hours attempted.

_____ I have attempted more than 93 semester hours at MCC. (Attach signed degree plan)

I did not meet my previous appeal requirements.

BRIEFLY state circumstances for not meeting the above satisfactory progress requirements:
Please type or print legibly in black or blue ink. Illegible forms will not be processed. Attach
additional sheets as necessary. You must provide documentation.

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(CONTINUED ON BACK)
Please provide a complete plan of action.
What actions have you taken to resolve the issues that caused you to be placed on suspension?

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How are you sure that similar issues will not be a factor in the future?

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**DOCUMENTATION REGARDING ABOVE CIRCUMSTANCES IS REQUIRED:**

(Documentation could include copy of death certificates, letter from doctor, counselor or other professionals who can substantiate the claim being made.)

_______________________________________ ________________________________
Student Signature     Date