McLennan Community College Office of Financial Aid SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

(Incomplete forms will be returned to you)

Full Name	Phone Number	Student ID Number	
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 avera	nge is less than 2.0		
I did not complete 67% of my hours at	tempted.		
I have attempted more than 93 semes	ter hours at MCC.	(Attach signed degree plan)	
I did not meet my previous appeal req	uirements.		
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 .			

Please provide a complete plan of action. What actions have you taken to resolve the issues the	hat caused you to be placed on suspension?
How are you sure that similar issues will not be a fac	ctor in the future?
DOCUMENTATION REGARDING ABOVE (Documentation could include copy of death certification professionals who can substantiate the claim being	ates, letter from doctor, counselor or other
Student Signature	Date

Please save your document before clicking on Submit.

After clicking on Submit, you will be able to attach additional documents.