

**IVY TECH COMMUNITY COLLEGE—REGION 06**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***Standards of Academic Progress Appeal Form***

To comply with federal regulations, Ivy Tech Community College is required to monitor whether a student is maintaining satisfactory progress in his or her course of study. A student who has been denied financial aid because he or she has not met the requirements of the Standards of Progress policy may be given an opportunity to appeal for exemption from the policy. In order to appeal, the student and his or her advisor must complete this appeal form in its entirety. Failure to provide all required information may result in the appeal being delayed or denied.

Reason for Appeal: [ ] Term Progress [ ] Cumulative GPA below 2.0 [ ] Max Time Frame

**STUDENT SECTION**

Appeal is for which term: [ ] Spring \_\_\_\_\_ [ ] Summer \_\_\_\_\_ [ ] Fall \_\_\_\_\_

Current Program: \_\_\_\_\_ [ ] TC or [ ] AAS

Anticipated Graduation Date: \_\_\_\_\_

What extenuating circumstances prevented you from meeting the Standards of Progress requirements? You must attach documentation to support your claim when appropriate (letters confirming medical treatment, confirmation of death in family, etc.)

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What changes have occurred that will enable you to now meet the Standards of Progress requirements? Detailed explanation.

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See reverse for completion

**ADVISOR SECTION**

Have you met with the student prior to this evaluation request?  Yes  No

Is there a grade point requirement for this student to continue in his/her program?  Yes  No

If yes, what is the minimum grade point requirement? \_\_\_\_\_

Student's chances of meeting requirement:  Above Average

Average

Below Average

Please provide a plan of study for this student for the next three consecutive semesters. This plan should provide a realistic opportunity to return to good academic standing for financial aid purposes. If the appeal is due to maximum time frame, only those courses required to complete the program should be listed.

Term:	Term:	Term:
Course—Number of Credits	Course—Number of Credits	Course—Number of Credits
Total Credits:	Total Credits:	Total Credits:

Are you aware of any extenuating circumstances that have hindered, or will continue to hinder, the student's academic performance? Complete only if you have personal knowledge of the student's circumstances.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone or Extension

Financial Aid Use Only

Accepted per professional judgment

Denied

Restrictions: \_\_\_\_\_

Notify Student in writing of the outcome of the appeal and of any restrictions.

Initials: \_\_\_\_\_

Date: \_\_\_\_\_



