

Student Name

Student ID #

Current Address

City

State

Zip Code

Current Phone

Program

I am seeking reinstatement for the _____ semester.

Anticipated Graduation Date

Steps you need to take:

1. Complete the **Student Section** below and on the reverse. Tell us why you were unable to earn the required number of hours and/or the cumulative grade point average the semester(s) in which you were enrolled. Tell us how you plan to correct your satisfactory academic progress deficiency; include which classes you plan to take and what kind of grades you need to get. Your plan can cover more than one term.
2. Make an appointment for the appeal with Lisa Kirmer, Vice President of Student Services/Director of Financial Aid (Phone: 620-341-1325 Email: lkirmer@fhtc.edu).
3. Bring the completed form to your appeal appointment.

STUDENT SECTION

PART 1 – IDENTIFYING YOUR INDIVIDUAL CIRCUMSTANCE(S)

____ 1. INSUFFICIENT CREDITS AND/OR CUMULATIVE GPA:

I have special circumstances that prevented me from making satisfactory progress:

- a. _____ Personal problems (family issues, relationship issues)
- b. _____ Serious injury requiring extended recovery time. *
- c. _____ Death or serious illness of an immediate family member. *
- d. _____ Significant trauma that impaired my emotional and/or physical health. *
- e. _____ Other mitigating circumstances requiring documentation. *
- f. _____ Juggling too much (work, school and family)
- g. _____ Illness (recent or long term) *
- h. _____ Academic major problems
- i. _____ Job related problems (need a job, change jobs, other)
- j. _____ Other _____

* Documentation may be required. (Ex. Physician statement, death certificate, obituary, letters from involved 3rd parties such as doctors or therapists, etc.) Please list the documentation you are attaching to this form: _____

____ 2. 96 HOURS EXCEEDED

I have circumstances beyond my control that interrupted normal progress. The standard maximum time frame provides for some delays, such as changes in major or dual majors. Lack of adequate progress does not, in itself, justify extending the time frame. Documentation from an academic advisor is required, outlining coursework remaining and when you will finish (please see Advisor Section).

____ 3. I HAVE COMPLETED A FULL-TIME SEMESTER ON MY OWN RESOURCES

Successful completion of a full-time semester of enrollment means that you enroll in at least full-time status and are assigned passing grades for those courses (please refer to the Student Handbook or Catalog for a definition of full-time). Courses assigned grades of Failed, Unsatisfactory, Audited or Withdrawal are not acceptable. If courses have been taken at another institution, you must submit an official grade report or transcript with your appeal.

STUDENT SECTION

PART II – PROVIDE FURTHER DETAIL ABOUT YOUR CIRCUMSTANCES

Complete ONLY if you checked 1 or 2 on Part 1

1. Explain in further detail what circumstances led to you not maintaining satisfactory academic progress. Please be specific and as detailed as possible. You may attach additional pages.

2. Please state your action plan to improve your academic progress for next semester of attendance. Be prepared to discuss your plan. You may attach additional pages.

ADVISOR SECTION

	Yes	No	When	Initials Advisor/Student
Has the student ever come in to talk to you about academic progress?	___	___	___	___/___
Discussed degree requirements pertaining to the student's major?	___	___	___	___/___
Discussed or developed a plan to improve academic success?	___	___	___	___/___
Reviewed and made adjustments as appropriate to the student's schedule?	___	___	___	___/___
Do you have any recommended referrals? (Please detail below)	___	___	___	___/___
Comments/Recommendations:				

Advisor Signature _____

Date _____

I understand that the Financial Aid Office will not accept any Satisfactory Academic Progress appeal that is incomplete or lacks documentation. I am submitting my complete Satisfactory Academic Progress appeal. I understand that I may be called to appear before the committee and I further understand that decisions are made on a case-by-case basis. I have read the FHTC Satisfactory Academic Progress Policy. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I will be notified by mail of the committee's decision.

Student Signature _____

Date _____

FOR OFFICE USE ONLY:

APPROVED _____ DENIED _____ Signature _____ Date _____