



The Restaurant School at Walnut Hill College

Financial Aid Office

Satisfactory Academic Progress Appeal Form

Student Name: _____ Student ID: _____

Email Address: _____ Telephone #: _____

Program of Study: _____ Anticipated Graduation Date: ____/____/____

Please check the term for which you are submitting this Satisfactory Academic Progress (SAP) appeal:

_____ Fall 2012 _____ Winter 2012 _____ Spring 2013 _____ Summer 2013

Please check the Satisfactory Academic Progress standard(s) you are not meeting:

_____ GPA < 1.5 _____ GPA < 2.0

Please explain and document the extenuating circumstances that have contributed to your inability to meet the Satisfactory Academic Progress requirements. (Check all categories that apply to you.)

_____ **Health issue(s) experienced by yourself or immediate family member.** Attach supporting medical documentation that explains the nature and dates of the health issue(s).

_____ **Death of an immediate family member.** Attach a photocopy of the death certificate or obituary. State the relationship of the deceased to you.

_____ **Significant trauma in your life that impaired your emotional and/or physical health.** Provide a detailed explanation regarding the specific circumstances that occurred. Include dates and what you have done to overcome these challenges. Supporting documentation from a third party source (e.g. physician, social worker, police, etc.) must be attached.

_____ **Other unexpected circumstances beyond your control.** Please explain in detail the nature and dates of the unexpected circumstances. Supporting documentation must be provided.

Complete and sign other side>

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- 1) You must attach a written explanation of the circumstance that occurred, as well as supporting documentation. (Note: You **must sign** your written statement.)
- 2) Your written statement must address how the issue(s) that impacted your inability to meet SAP standards have been resolved.

Students who submit incomplete appeals will be notified by the Financial Aid Office via email. Failure to submit missing documents within 10 business days of the request will result in an automatic denial of the SAP appeal.

Student's Signature: _____ Date: ____/____/____

Financial Aid Office Use Only

____ Approved for _____ term only. (Student must follow an academic plan that ensures that the minimum standards for Satisfactory Academic Progress will be met by the beginning of the next term)

____ Denied

Financial Aid Director's Signature:

Date:

____/____/____

Comments: