



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Satisfactory Academic Progress Appeal Form for the 2009-2010 Academic Year

A student may appeal the cancellation of their financial aid eligibility resulting from failure to meet the Satisfactory Academic Progress criteria by submitting this form along with any additional documentation of mitigating circumstances which have affected academic progress. A copy of the Satisfactory Academic Progress Policy can be found on the Prairie View A&M University Office of Student Financial Aid web site: <http://www.pvamu.edu/pages/2278.asp>. Decisions on complete appeals should be available within two weeks. **An appeal decision may impose limitations upon aid eligibility and/or future minimum academic standards.** You will be notified by e-mail, phone, or letter of the decision.

NAME _____ SSN# _____ - _____ - _____
ADDRESS _____ PVAMU ID# _____

City State ZIP PHONE NUMBER _____
EMAIL: _____

DESCRIPTION OF POTENTIAL CIRCUMSTANCES AND REQUIRED DOCUMENTATION

Personal injury, illness, or physical disability

REQUIRED DOCUMENTATION:

- Student statement of circumstances, detailing medical condition that impaired performance and why future academic performance will not be impaired by condition.
- Statement from doctor, Health Services, and/or the Office of Diagnostic Testing and Disability Services detailing the medical condition that impaired academic performance. The Statement should specifically address the following:
 - Student's limiting medical condition and date span for which conditions existed.
 - That the condition may have impaired academic performance
 - The student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.

Death/illness of immediate family member

REQUIRED DOCUMENTATION:

- Student statement detailing circumstances impairing performance and why future academic performance will not be impaired by circumstances.
- If illness of immediate family member: Statement from doctor detailing medical condition incurred by family member. Statement should specifically address medical condition and date span for which the condition existed.
- If deceased: Death certificate or obituary.

Office of Student Financial Aid

P.O. Box 519, Mail Stop #1005 Prairie View, Texas 77446

Phone (936) 261-1000 Fax (936) 261-1031/1032

Student Name: _____ SSN: _____ - _____ - _____ PVAMU ID: _____

Completed requirements for degree at PVAMU

REQUIRED DOCUMENTATION:

- For second degree (i.e. second bachelor’s degree; second master’s degree; third master’s degree, etc.), an itemized list of required courses is required along with the advisor’s signature. **(Statements that refer to another document such as “See Catalog” are not acceptable!)**

Maximum Number of Hours Attempted
(Please note “work” does not qualify as an extenuating circumstance.)

REQUIRED DOCUMENTATION:

- A completed 2009-2010 Satisfactory Academic Progress Appeal Form for Exceeding Maximum Number of Hours Attempted. This form is attached.
- Student statement detailing circumstances impairing performance and why future academic performance will not be impaired.

Unsatisfactory grades in course(s) attempted and/or completion rate does not meet the 75% minimum *(Please note “work” does not qualify as an extenuating circumstance.)*

REQUIRED DOCUMENTATION:

- Student statement detailing circumstances impairing performance and why future academic performance will not be impaired by circumstances.

Please explain below, the mitigating circumstances that you feel may have affected your academic progress. Your statement should detail any circumstances impairing performance and why future academic performance will not be impaired.

Student Signature

Date

For Office Use Only:

Current GPA: _____	Required GPA _____	Total Hours Attempted _____
Approved _____	Denied _____	Hours Required for Degree _____
		150% _____
Reviewed by: _____		Date: _____

Student Name: _____ SSN: _____ - _____ - _____ PVAMU ID: _____

2009-2010 Satisfactory Academic Progress Appeal Form for Exceeding the Maximum Number of Hours Attempted

To be completed by your academic advisor and submitted by the student as part of the Financial Aid Appeal. (This form required for students that have attempted at least or more than 180 hours (Undergraduates) or 54 hours (graduates).

- **This form is required of all over hours violators.**
- **Students, please take this form to your academic advisor within your department to be completed.**
- **If you are a double degree/major, please complete this form for the degree/major you are still pursuing (if both are not yet complete, you will need to complete two of these projected graduation audit forms, one for each degree/major).**

Degree and Major: _____
Degree Major

Expected Date of Graduation: _____

Please list all of the courses the student must complete for each semester before he/she will be eligible to graduate. Also, please project the grade point average required before graduation. **Eligibility may be extended for students who are within two semesters of graduation.**

Semester and Year:	
Course	Credits
Total Credits:	
GPA Needed:	

Semester and Year:	
Course	Credits
Total Credits:	
GPA Needed:	

Academic Advisor Certification:

Name (Please Print)

Title

Department

Phone Number

Signature

Date Prepared