

Financial Aid Office Satisfactory Academic Progress Appeal Form



Name _____ Student ID# _____

Expected Graduation Date _____ Email Address _____@myemail.tstc.edu

Check the semester that you are applying the appeal to: Fall 20____ Spring 20____ Summer 20____

Deadline: Once you are notified about financial aid suspension or max status, you have five (5) working days to submit an appeal or up to the subsequent semester census date, whichever comes first. The census date for the subsequent semester can be found in our college calendar at <http://www.tstc.edu/about/calendar>.

*In viewing appeals, we evaluate your entire academic history, not just the most recent semester or year. You should review your transcript to identify and address all semesters (at any school) of poor academic performance (ie., withdrawals, dropped courses and poor grades) and provide as much documentation of extenuating or mitigating circumstances as possible.
Responses will be e-mailed to your TSTC email address.*

What satisfactory academic progress requirements are you not meeting? (GPA, completion rate, credits)

Explain why you are not meeting the requirements.

Explain what has changed in your situation that will allow you to demonstrate satisfactory academic progress at the next evaluation.

Along with this form, you must attach a detailed personal written statement:

Explaining how your extenuating circumstance affected your academic performance and explain why that circumstance is no longer a negative influence on your studies. *Outline any recent changes that will have a positive impact on your academic performance.*

Additional documents needed:

- Attach supporting documentation (i.e., physician statements, court documents, etc.) for the situation or extenuating circumstance. **Appeals submitted without supporting documentation will not be accepted.** All documents submitted will remain confidential.
- Meet with your Program/Technology Advisor and discuss your progress in your program. Your Advisor will need to fill out the information on the back of this sheet.
- Prepare a success plan that explains what you will be doing to help improve you progress.

Program/Technology Advisor Comments

Please specify the number of credit hours required and the total credit hours needed to complete degree.

1. The required number of hours for the student's degree plan _____
2. The student needs _____ remaining credit hours in order to complete his or her degree/certificate from TSTC Waco.

Please provide additional comments regarding the student's academic progress.

**Program/Technology Advisor MUST send a recommendation email to the appropriate home campus:
Harlingen.finaidrec@tstc.edu, Marshall.finaidrec@tstc.edu, Sweetwater.finaidrec@tstc.edu or Waco.finaidrec@tstc.edu.**

Or, the Advisor can complete this form and scan it to the appropriate email address listed above or fax to:

- Harlingen:** 956-364-5119 (Harlingen, Ingleside and Ft. Bend)
- Marshall:** 903-923-3215
- Sweetwater:** 325-235-7300 (Abilene, Breckenridge, Brownwood and Sweetwater)
- Waco:** 254-867-3200 (Waco, Williamson Co. and North Texas)

Certification: I acknowledge that the student will be registered for courses required by his/her degree plan. Please attach a copy of the student's plan (EVAL).

TSTC Program/Technology Advisor Signature _____ Date _____

Print Name _____

Extension _____ Email Address _____

Student Certification Statement

I have attached a letter that addresses the circumstances that prevented me from maintaining Satisfactory Academic Progress. My letter explains what will be different about the upcoming semester(s) and how I will be able to meet the standards of Satisfactory Academic Progress. All of the information on this form is true and complete to the best of my knowledge. I certify that I have read the instructions and have met with my Program/Technology Advisor regarding my progress and understand that submitting an appeal along with supporting documentation does not guarantee and approval and that the Financial Aid Office's decision is final. I am aware that I am responsible for payment if I am not eligible for financial aid. I have reviewed and agree to comply with the academic plan that is outlined and was discussed with me.

Student Signature

Date

TSTC Financial Aid Office
www.tstc.edu

Equal Opportunity shall be afforded by Texas State Technical College to all applicants for admissions regardless of race, color, gender, religion, ethnic or national origin, age, disability, genetic information, gender identity, sexual orientation, or veteran status. TSTC will make reasonable accommodations for persons with disabilities. The information you provide is confidential and carefully protected by TSTC.

Satisfactory Academic Progress Recommendation

(To be completed by Program/Technology Advisor or Department Chair)



Name of Student: _____ ID#: _____

I have met with this student to discuss the previous academic difficulties and have discussed plans to improve academic performance.

Based on this conversation, along with my prior knowledge of this student, I make the following recommendation:

_____ I recommend that the appeal be denied.

_____ I recommend that the appeal be approved.

Comments:

Printed name: _____ Date: _____

Signature/Title: _____

Telephone number: _____

**Program/Technology Advisor MUST send a recommendation email to the appropriate home campus:
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