



**ILLINOIS VALLEY
COMMUNITY COLLEGE**

Financial Aid Office
815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Telephone: 815-224-0438
Fax: 815-224-0638

Satisfactory Academic Progress Appeal Form

Name: _____ Student ID # _____

Address: _____ City, St Zip _____ Date of Birth ___/___/___

Phone (____) _____ IVCC Email K _____@office365.ivcc.edu

Program of Study: _____ Anticipated Graduation Date _____

Semester for which you are requesting reinstatement of your financial aid: (Check one semester only)

_____ Summer 20 _____ Fall 20 _____ Spring 20 _____

If you are appealing to reinstate **military benefits** check here. GI Bill IVG, National Guard, MIAPOW

Students who have lost their eligibility for financial aid due to lack of satisfactory academic progress may appeal for reinstatement of their eligibility **if circumstances beyond their control prevented them from meeting the established standards.**

To appeal, submit all of the items below. Your responses should be provided on separate paper and attached to this form with supporting documentation. **All statements provided should be TYPED.**

1. Provide your own statement describing the reasons and the circumstances that caused you to fail to meet the required standards. It is important that you demonstrate a clear and thorough understanding of why you experienced academic difficulties so that you will be able to take sufficient steps in the future to improve your academic performance and meet the prescribed standards. **Be specific in your explanation since incomplete information may cause a delay in the review of your appeal or a denial of your request.**
2. If you are appealing for more time to complete your degree or you are seeking a second degree, please include a Degree Audit, available from the Counseling Center, that clearly shows how many hours you have remaining in order to complete your degree.
3. Provide a second statement outlining the specific steps you intend to take in the next semester to improve your academic performance. This statement should be thorough and detailed, demonstrating your commitment to achieving the required grade point average and/or percentage of completed credits.
4. **Attach documentation that supports your appeal.** If, for example, the deficiency was caused by medical problems or personal injury, provide supporting evidence from a physician or hospital. Other forms of documentation might include a letter from a counselor or therapist, copy of obituary or death certificate in the case of the death of an immediate family member, etc.
5. If the deficiency was the result of a special academic circumstance, you should attach a statement from an IVCC counselor or other academic personnel that demonstrates that you have sought their assistance in developing a plan of academic support that will assist you in meeting the standards of satisfactory academic progress.
6. If you have additional information that you would like the committee to consider, you may include a statement detailing this information.
7. Sign and attach this form to your statements and documentation and return it to:

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I understand that the Financial Aid Appeals Committee will not accept an appeal for Satisfactory Academic Progress that is incomplete or lacks documentation. I understand that the Financial Aid Appeals Committee will review completed appeals only. Once a decision has been made, I will be notified by mail of the committee's decision. Should my appeal be approved, I will receive a Financial Aid Offer Notification detailing the types of funding for which I am eligible, a statement indicating my prior Financial Aid has been reinstated, or a statement indicating additional documentation is needed to complete the file.

Student Signature

Date

COUNSELOR SECTION – Optional

Does this student understand the reason financial aid was suspended? Yes No

Does this student understand that academic and other support services are available at IVCC to help improve academic performance? Yes No

What is this student's intended program of study?
___ AA ___ AS ___ AGS ___ AAS in _____ Certificate in _____

Student has received a copy of his/her Degree Audit to submit with the Appeal Form. Yes No

Please provide us with any relevant comments that may assist the Financial Aid Appeals Committee as it considers this appeal.

Counselor Signature: _____

Date: _____

Counselor I.D. # _____