

## **Office of Financial Aid**

Phone: (740)389-4636 Email: <a href="mailto:financial-aid@mtc.edu">financial-aid@mtc.edu</a>

## 2025-2026 Satisfactory Academic Progress Appeal

PRINT - Last Name	First Name	MI	Social Security #
Address			Date of Birth
City	State	ZIP Code	() Phone Number
of scheduled classes. Wh	nen an emergency situ nancial aid suspensio	uation outside of the n lifted and his/her el	ituations occur which prevent the completion student's control occurs, the student may ligibility reinstated. The following guidelines
reasons that cau	ment is required. Exposed your suspension suppened the term that we you plan to improve dependent of that you may now to a plan for improvementation or statements lead to clarify/supportician, attorney, copies documentation must leademic performance full result in your appears approved by your Appears on sidered for reinstated	lain (on a separate shatatus.  It caused you to go to e upon past academic e able to successfully ant may result in your site that support your site tyour appeal such as sof your plan of studie date specific and a e did not meet minimal being denied for land and the second fridate at t	warning/suspension status? c performance. How has the situation y complete the classes attempted? Failure to appeal being denied. tuation. Attach third party documentation on : statements from academic advisors, faculty, y, an obituary, insurance reports, or court filed address the circumstances that occurred durin tum standards. Failure to substantiate your ck of documentation. submitted with this form. y of the term. Appeals received after this term. a second time, there is no second appeal.
I understand that if my a	appeal is approved, I ch I am responsible.	will be placed on pro I also understand tha	nentation submitted pertaining to this appeal obation and sent an email detailing the terms at if I do not meet the terms of my probation,
Student Signature:			Date:

For Internal Use	ONLY rsonnel Comments/Recom	nmendation:			
	GPA 150%	_ 67%			
	Prior Suspensions - Prior Appeal – Approved_				
	PDC				
Financial Aid Personnel Signature:			Date:		
Decision:	Approved	Denied			
Reasons for Decision:					
Terms of Appeal	:				
	_ 1 term only				
	Must satisfactorily comp Must maintain SAP Student must provide scl Only for required course Previously granted appea	es specified in Academic Plan			
Director Signatu	re:		Date:		