

IMPORTANT DETAILS ON COMPLETING THIS DOCUMENT

1. Email submissions must include an official Financial Aid Cover Sheet. The Cover Sheet can be found at [abtech.edu /Financial Aid /Forms & Resources](http://abtech.edu/Financial%20Aid/Forms%20&%20Resources). Documents that are submitted via email without the completed Cover Sheet will not be processed by the Financial Aid Office.
2. Type your answers into the fillable fields for clarity.
3. Do not use a mobile phone to complete this document. Doing so may result in lost data and inaccurate formatting.
4. Save this document to your computer, or print it immediately, to prevent loss of the data you entered.
5. The fillable fields on this document may not work when opened in the Mozilla Firefox browser. We advise that you complete the form in Internet Explorer or Chrome instead.
6. Adobe Reader must be used to fill out this document across all operating systems and devices. Using the Preview app on Apple desktop, notebook, and iOS devices will result in lost data.



FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL REQUEST GPA AND PASSING RATE

This agreement will be effective August 1st

(Initial) _____ I have a current year FAFSA on file with the college and have provided all required Verification documents to the Financial Aid Office before, or at the time of, Appeal submission.

(Initial) _____ I understand that the decision of the Appeal Committee to uphold or deny my appeal is final, and that no explanation will be provided to me regarding the reason for the decision.

Student Information and Reason for Appeal

- My cumulative GPA is below 2.0
My passing rate is below 50% (between 1-29 completed hours) or 67% (30 plus completed hours)

Name: _____ A-B Tech Student ID: _____

Phone Number: _____ Date of Birth: _____

Semester for appeal to be approved: [] fall [] spring [] summer

For each semester you were not successful, please explain why you were not able to meet the requirements of the SAP policy.

Which semester/year are you explaining? Semester _____ Year _____ Please describe the circumstance that was beyond your control:

Three horizontal lines for writing the explanation.

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Three horizontal lines for writing the explanation.

I have read the Financial Aid Satisfactory Academic Progress Appeal Request form. I understand that the Financial Aid Ad Hoc Appeals Committee WILL NOT review my appeal if this form is incomplete. I understand that I must provide documentation for each unsuccessful term. I also understand that I will be notified of the decision through my A-B Tech email account.

Signature _____ Date: _____

For Office Use Only:

Date Received: _____

Received By: _____

Committee Decision: Approved ___ Denied ___

Date of Decision: _____