



Stephen F. Austin State University
Office of Student Financial Assistance
Request for Academic Appeal / Re-evaluation

Name (please print)

Social Security Number or Campus ID

Classification: _____

Anticipated Graduation Date: _____

Please reconsider my eligibility for: (circle one)

Fall

Spring

Summer

Indicate the nature of your appeal below:

- I have improved from my last attended semester and would like to have my eligibility re-evaluated
- I did not complete the required number of attempted hours
(60% for Freshmen and 75% for all other classifications)
- I did not maintain the required GPA
(1.6 for Freshmen, 2.0 Sophomore through Senior, 3.0 Graduate)
- Both completion of hours and GPA are insufficient
- I have reached the maximum number of attempted hours for my degree

In the space below, please explain the reason(s) you were unable to maintain Satisfactory Academic Progress. You must provide a complete explanation for the appeals committee to make a decision. Any documentation to be considered must be attached to this form. **Your explanation should be neat and legible.**

(if additional space is needed, please use the back of this form or attach another page)

Please furnish the address you want the appeal results mailed to:

Address: _____

City, State, Zip Code: _____

All of the information I have provided is true and correct to the best of my knowledge. I have provided **all** documentation necessary for the review of this appeal.

Signature of Student

Date