

Office of Financial Aid

Phone: (740)389-4636 Email: financial-aid@mtc.edu

2023-2024 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. When	an emergency situ	uation outside of the st n lifted and his/her elig	uations occur which prevent the completion udent's control occurs, the student may ibility reinstated. The following guidelines
reasons that caused What happe State how you improved the provide a plane. Provide documentate company letterhead employers, physician documents. All documents and circumstances will result and the terms your acade circumstances will result and the terms your	your suspension and the term that ou plan to improve that you may now that you may now that you may now that you may statements to clarify/supporn, attorney, copies a mentation must be mic performance asult in your appeapproved by your Amentation must be performed by yo	status. It caused you to go to we to upon past academic poe able to successfully continuous as that support your situate your appeal such as: so fyour plan of study, be date specific and ade did not meet minimulal being denied for lack advisor must also be sufficience.	ation. Attach third party documentation on statements from academic advisors, faculty, an obituary, insurance reports, or court filed dress the circumstances that occurred during standards. Failure to substantiate your of documentation. be be because this form.
deadline will be con	sidered for reinsta	atement in the next ter	of the term. Appeals received after this m. second time, there is no second appeal.
I understand that if my appo	eal is approved, I am responsible.	will be placed on prob I also understand that	ntation submitted pertaining to this appeal ation and sent an email detailing the terms if I do not meet the terms of my probation,
Student Signature:	The Fire wild Aid Off		Date:

For Internal Use (Financial Aid Pers	ONLY onnel Comments/Recon	mmendation:		
G	PA 150%	67%		
P P P	rior Suspensions - rior Appeal – Approved_			
Financial Aid Personnel Signature:			Date:	
Decision:	Approved	Denied		
Terms of Appeal:				
	Must maintain SAP Student must provide sc Only for required course Previously granted appe	es specified in Academic Plan		
Director Signature	e:		Date:	