

Appeal Form for the Satisfactory Academic Progress Policy

Your Name _____

Your Student ID Number _____

Your Complete Mailing Address _____

Phone Number Where You Can Be Reached _____

Is this the first time you have submitted an appeal for Satisfactory Academic Progress at SVCC?

- Yes No

Please circle the next semester you are planning on attending: **FALL** **SPRING** **SUMMER**

Please tell us in your own words what caused your failure to make Satisfactory Academic Progress?
Please ensure that you fully explain your situation.

Please tell us what steps you will be taking to improve your academic performance and achieve Satisfactory Academic Progress? Please ensure that you fully explain your intended course of action.

What are your educational goals? _____

When do you expect to graduate? _____

I understand that if this appeal is approved and I do not make satisfactory progress during the next semester that my financial assistance may be permanently suspended. Satisfactory progress means completing all courses registered for, with a "C" or better.

- Yes
 No

Student's Signature _____ Date _____

Please return to:
Sauk Valley Community College
Financial Assistance Office
173 IL Route 2
Dixon, IL 61021