

# 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  
Office of Financial Assistance  
173 IL Route 2  
Dixon, IL 61021