



EMILY GRIFFITH
Technical College

Financial Aid Office
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EmilyGriffith.edu

Financial Aid Satisfactory Academic Progress Appeal

Student Name (Print): _____ Student ID#: _____

Email: _____ Phone Number: _____

Appealing to receive financial aid for: (Mark One Semester Only. Indicate aid year.)

Fall Semester 20 _____
(Aug to Dec)

Spring Semester 20 _____
(Jan to May)

Summer Semester 20 _____
(May to Jul)

Please explain in detail and submit documentation of the extenuating circumstances that resulted in your financial aid suspension status. Due to federal regulations, your entire academic history at EGTC, and your transfer hours are cumulative. Therefore, it is critical that you address **all** semesters you have attended here at EGTC in your appeal. To verify that your performance was affected by extenuating circumstances, documentation is required to support your personal statement. Appeals without documentation will likely be denied. Please review our SAP policy: <http://www.emilygriffith.edu/general-information-and-policies>

Please include the following items with your appeal:

___ 1. Personal Statement (typed):

___ Please explain the extenuating circumstances which prohibited you from meeting the Satisfactory Academic Progress requirements. Examples of extenuating circumstances: death of a family member, medical issues, car accident, etc.

___ A plan for success: explain the changes that have been made to enable you to meet the Satisfactory Academic Progress requirements in the future.

___ 2. Supporting Documentation:

Supporting documentation is required for all appeals. If you do not have supporting documentation, then it is likely that your circumstances are not extenuating and an appeal shouldn't be submitted. Examples of supporting documentation: medical documentation, death certificates, court documentation, etc.

___ 3. An Academic Plan:

If you are appealing because you have attempted 150% or more total program credits, you must attach an Academic Plan with your appeal, to ensure you are enrolled in the required classes for your degree.

___ 4. Appealing for financial aid for additional program:

Provide written statement and supporting documentation justifying the need for additional certification.

By signing this form, I acknowledge that I have read and fully understand the Satisfactory Academic Progress Policy. I further agree and understand that I am currently out of compliance with this policy. I understand that financial aid reserves the right to contact previous schools attended to verify your progress at that institution. I certify that the information and documents submitted in support of this appeal are true and correct. I understand that any future suspensions under the Satisfactory Academic Policy may result in the loss of my eligibility for financial aid at EGTC.

Student Signature

Date

For Financial Aid Office Use Only: Satisfactory Academic Progress Appeal

Approved Denied By: _____ Date _____

Secondary Review conducted by: _____ Date _____