

UNIVERSITY OF MONTEVALLO
Office of Student Financial Services
Station 6050
Montevallo, AL 35115
Telephone: (205) 665-6050 Fax: (205) 665-6047

Satisfactory Academic Progress Appeal Form

To appeal the denial of federal aid, complete the following information and return the form to the Office of Student Financial Services.

Name _____ Student ID _____
Last First Middle Initial

Home Telephone _____ Cell Phone _____

What contributed to your inability to maintain satisfactory academic progress?

- personal problems (family issues)
- adjustment to college (first time in college, having trouble adjusting, etc.)
- too many distractions (work, school, family or combination was too overwhelming)
- illness (recent or long-term)
- poor study skills. Students are encouraged to contact Student Support Services.
- other _____

Please explain and indicate what action you have taken or plan to take to correct the problem(s).

I would like to have my federal aid reinstated. If my appeal is approved, I understand that this is only for a specified period of time.

Signature _____ **Date** _____

OFFICE USE ONLY

Appeal approved _____ Appeal denied _____

Notified student by _____ mail; _____ email

FAA _____ Date _____