

FINANCIAL AID & SCHOLARSHIPS
STANDARDS OF SATISFACTORY PROGRESS APPEAL

Name _____ SSN _____

Helpful Hints to assist you with completing the appeal:

- Please explain the circumstances that prevented you from completing your requirements.
- Please attach documentation to support your explanation. Examples of supporting documentation may include a medical statement from your doctor, a copy of an obituary or death certificate, a statement from an academic advisor or anything else that you determine clearly supports your written explanation.

Student Signature _____ Date _____

If you have questions regarding this information, please contact the Sinclair Community College Call Center at (937) 512-3000.

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Action Taken: _____ Approved
 _____ Denied
 _____ Referred to Academic Counselor
 _____ Pending _____

Reason: _____

Financial Aid Signature _____ Date _____