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| APPEAL FOR FINANCIAL AID PROBATIONARY STATUS 2020-2021 |
| The college financial aid policy on satisfactory academic progress allows students who fail to meet the standards to request probationary status on the basis of extenuating circumstances. Probationary status would allow a student to receive financial aid for one payment period while working to come back into compliance with the standards. Students who have exceeded the 150% limit on attempted credits due to extenuating circumstances may also request probationary status to enable them to complete a degree program. Students appealing for financial aid probationary status must complete all items on this form. The form should be downloaded and completed using MS Word. This will allow the text entries to expand as needed. The form may then be printed and mailed to the Office of Student Financial Aid or e-mailed as an attachment. **The deadline for submission is four weeks prior to the end of the semester in which probationary status is requested.** |
| |  |  |  |  | | --- | --- | --- | --- | | **NAME:** | Click here to enter text. | **STUDENT ID#:** | Click here to enter text. | |
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| ***Use the space below to explain the extenuating circumstances, such as illness, injury or disability, which caused you to fail to meet the standards of satisfactory academic progress\*:*** |
| Click here to enter text. |
| ***Explain what has changed in your situation that would enable you to demonstrate satisfactory academic progress at the next evaluation:*** |
| Click here to enter text. |
| *Please check off the semesters in which probationary status is requested:* |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  | | SUMMER 2020 | |  | | --- | |  | | FALL  2020 | |  | | --- | |  | | SPRING 2021 | |  |  |  |  |  |  |  |
| *By signing below, I am acknowledging that I have read and understand Rhode Island College’s Satisfactory Academic Progress policy and understand that if I am approved financial aid probation, I will be required to meet all conditions of the probation in order for my aid eligibility to continue into any potential subsequent semesters else my future awards will be cancelled:*   |  |  |  |  | | --- | --- | --- | --- | | ***Student Signature*:** | Click here to enter text. | ***Date*:** | Click here to enter text. | |

\* Supporting documentation from a physician, therapist or other professional may be required.

By clicking on the signature text section, I realize that I am electronically signing this form in accordance with the federal Electronic Signatures in Global and National Commerce Act, 15 U.S.C.A. § 7001.