

REQUEST TO CLEAR SATISFACTORY ACADEMIC PROGRESS

Student Name: _____ SS/ID# _____

Address: _____

Email Address: _____ Phone: _____ Cell: _____

Ending semester to be reviewed:

- _____ Fall
- _____ Spring
- _____ Summer

I understand that I am currently ineligible to receive financial aid because I am not meeting one or more of the academic progress requirements. I request that my grades be checked at the end of the semester indicated above to determine whether my aid can be reinstated.

Signature: _____ Date: _____

For Financial Aid Use Only

SAP:

- _____ 67%
- _____ GPA
- _____ Other:

Decision:

- _____ Cleared
- _____ Did not Clear

Comments: _____
