

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: _____
