## Caltech Financial Aid

## SATISFACTORY ACADEMIC PROGRESS APPEAL REQUEST

## Instructions

Complete the information below and obtain the required signatures to appeal your financial aid suspension. The Financial Aid Office will notify you of the appeal decision within two weeks of submission of a complete appeal. If your appeal is denied, you may request a second review from the Vice President of Student Affairs (VPSA). The VPSA's decision is final and cannot be appealed.

Student	Information	

Last Name	First Name	M.I.
E-mail Address		UID
Major	Year in	School
Reason(s) for Appeal and Explanati	ion	
Please select all of the special circum	stances listed below that a	ipply to you:
Death of a relative or other sig	nificant person	Loss or change in employment
Injury or illness		Loss of access to transportation
Pregnancy or birth of a child		Victim of a serious crime
Homelessness		Natural disaster
Loss of childcare		Change of major

Other

In the space provided below explain the reason for your appeal [attach additional sheet if needed]. If your appeal is due to your lack of academic progress in past terms, you should (a) provide a detailed account of your circumstances for each of those terms; and (b) discuss what changes you have made to ensure your academic success, should your appeal be approved. If you have any supporting documentation, please submit it with this form.

## **Academic Plan**

Anticipated Graduation Date

Number of Units Needed to Complete Degree

Number of Units Student Needs to Complete Each Term

Advisor/Registrar Comments

Advisor/Registrar Signature	Date
Advisor/Registrar Name	E-mail