

## **Satisfactory Academic Progress Appeal Form**

| Student Name:  |                                     | Academic Year:   |  |
|--|-------------------------------------|--|--|
| ld#:   | Phone #:                            | E-mail:  |  |
| Reason(s) for your Satis Failed to meet C Reinstatement  |                                     | ad De La Salle Bajío you must establish readmission  |  |
| Please respond to the fo   | ollowing questions. If you need a   | dditional space, attach a separate page.   |  |
| Describe in detail the   | reason(s) why you failed to mee     | et the satisfactory academic progress policy.  |  |
| 2) How do you plan to r  | resolve and/or avoid the mitigatin  | g circumstance?  |  |
| 3) How do you plan to r  | maintain satisfactory academic pi   | rogress in the future?   |  |
| All documents must be submitted in person to the Financial Aid Office. We do not accept faxed, mailed, or emailed SAP Appeals. The last day to submit any SAP Appeal document is the 5 days after the start of the term. |                                     |  |  |
| is approved, student i   | s put on Financial Aid Acade        | and you will be notified of outcome by email. If an appea<br>mic Progress Probation for one term. Student mus<br>e for financial aid subsequent terms. |  |
| am responsible for my  | nformation is true and correct. Ι υ | understand that I currently do not have financial aid and nof an appeal does not defer required payments. ecisions are final.                          |  |
| Student Signature  | i                                   | Date   |  |
| For office use only Received by:   |                                     | Date:  |  |
|  |                                     |  |  |