



# Pace of Progression Appeal Form

_____	_____	XXX-XX-____	_____
Student Name	Student ID	Social Security #	Program or Major

I am requesting Financial Aid for (select one) :  Fall or  Spring or  Summer Year: \_\_\_\_\_

According to Satisfactory Academic Progress guidelines, you are on financial aid suspension. You may appeal by completing this form with an "Academic Plan Restricted Course List "(RCL), evaluated program check sheets or degree progress report, and all academic transcripts, to the Financial Aid Office. Incomplete forms will be rejected. You understand by submitting this form any enrollment within the Maricopa County Community College District may be used for determining the outcome of this appeal. **Notification of the committee's decision will be delivered to your Student Center. Please allow at least 15 business days (may take longer during peak processing periods). All Committee decisions are final.**

To be considered for federal financial aid, you must successfully complete 2/3 (66.67%) of all attempted course work. **Please explain how the circumstances that contributed to your being placed on Pace of Progression suspension have been resolved. Include steps taken to ensure your successful academic progress in the future.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Section – Office Use Only

Date _____	Committee initials: _____	Effective: Fall/_____ Spring/_____ Sum/_____
<input type="checkbox"/> <b>Approved</b>		#Cr. attempt _____ #Cr. earned _____ CGPA _____
<input type="checkbox"/> <b>Disapproved</b>		
<input type="checkbox"/> <b>Approved with Stipulations:</b>	_____	

---

---

---

**Your signature below acknowledges that you have READ & UNDERSTAND the above restrictions &/or recommendations.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

