



## SATISFACTORY ACADEMIC PROGRESS APPEAL

Mail to: SMCC Financial Aid, 1156 College Drive, Summit, MS 39666 or Fax to: 601-276-3888.

<b>DEADLINE FOR SUBMITTING APPEAL:</b>	Fall Semester – August 30, 2018 Spring Semester – January 24, 2019 Summer Semester – May
Student's Name:	_____
Student's SS#:	_____ Student's ID Number: _____
Semester of Appeal (Check One):	Fall 2019: _____ Spring 2020: _____ Summer 2020: _____

Explain the specific circumstances that prohibited you from the successful completion of credits attempted during the period specified. (Serious injury, illness, accident, death of immediate family member, divorce, incarceration, loss of transportation, military service, or other significant trauma) Please attach documentation such as medical records, death certificates, police and accident reports, divorce agreements, letter from professional counselors, attorneys, court orders signed by a judge, and/or military form DD-214, etc. to support your specific circumstances.

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Explain how circumstances have improved in a way that they will NOT affect successful completion of your college degree.

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**Verification of Information:** I certify that all information provided on this form and any attachments are true and complete to the best of my knowledge.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_