



**SATISFACTORY ACADEMIC PROGRESS  
EXCEEDS MAXIMUM CREDITS APPEAL**

*\*To be eligible you must have changed academic programs and be on track to graduate.*

***You are allowed only one appeal regarding maximum credits.***

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

<b>Student's Name:</b> _____		
<b>Student's SS#:</b> _____	<b>Student's ID Number:</b> _____	
<b>Semester of Appeal (Check One):</b> Fall 20 _____ Spring 20 _____ Summer 20 _____		

Explain why you have changed academic programs. Attach documentation (transcript) and describe a plan for completing the new program specifying the remaining credit and courses and the date you anticipate completing your new program of study.

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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** \_\_\_\_\_