



**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.

Student's Name: _____		
Student's SS#: _____	Student's ID Number: _____	
Semester of Appeal (Check One): 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.

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** _____