



SATISFACTORY ACADEMIC PROGRESS APPEAL

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 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. If you have reached the maximum allotted time frame, explain why you have changed academic programs.

Explain how circumstances have improved in a way that they will NOT affect successful completion of your college degree. For maximum allotted time frame, attach documentation (academic transcript) and describe a plan for completing the new program specifying the remaining credits and courses and the date you anticipate completing the program.

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 _____