



LETTER OF APPEAL FOR
SATISFACTORY ACADEMIC PROGRESS

Student Name _____ Phone _____

Student ID # _____ Date _____

Email Address: _____

Major(s): _____

1. Use this form as a cover page to your academic plan.
2. Attach a typed or legible hand written letter of appeal which addresses the following:
 - Explain why you did not make satisfactory academic progress in each of your last term(s).
 - Explain in detail what changes have occurred (or will occur) that you will be able to make satisfactory academic progress in the future.
 - Attach any documentation you feel is necessary to support your appeal. You might want to document why it was difficult to make progress in the past. Or you might want to document a solution to past troubles. Documentation could be a letter from someone who you have been working with supporting your appeal letter (doctor, counselor, instructor, advisor, minister, etc.) Documentation could be something to verify a past event (hospital records, accident report, etc.)
3. Attach a completed copy of an advising form indicating you have worked with an Academic Advisor on a plan to return to making Satisfactory Academic Progress.
4. Return this completed form to the Graceland Student Financial Services. Fax: (641) 784-5242
5. Loss of financial aid may also impact your Work-Study position.
Do you have a work study job? _____ If so, where do you work and who is your supervisor(s): _____

FOR OFFICE USE ONLY

Appeal Approved _____ Appeal Approved/Aid Modified _____ Appeal Denied _____

Referred to the Student Financial Services for Review. Action: _____

Director's Signature

Date

Please return this worksheet to:

Mail: Graceland University, Student Financial Services, 1 University Pl., Lamoni, IA 50140

Fax: (641) 784-5242 **Email:** myfinancials@graceland.edu

ADVISING FORM

Student Name: _____ Student ID #: _____

Term: _____ Date: _____

Anticipated Graduation Date: _____

Academic Plan to Be Making SAP By: _____

Student is short _____ credits to be making SAP at the end of _____.

Student has a GPA of _____ and needs a _____ GPA by _____.

PLAN:

Course #	Course Title	Credit Hours

Academic Advisor Signature*

Student Signature*

**By signing this form you agree the plan listed above will allow the student/you to return to making Satisfactory Academic Progress.*

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