



Southeastern Illinois College
Financial Aid Office
3575 College Rd.
Harrisburg, IL 62946
Phone: (618) 252-5400 Fax: (618) 252-3062
Email: fao@sic.edu

Satisfactory Academic Progress Appeal

Please read instructions carefully and complete the form to its entirety. Appeals are reviewed weekly. You will receive written notification of the decision and conditions of approval.

Student Name: _____ ID #: _____

Email address: _____ Phone #: _____

Appeal Requested for: [] Fall _____ (year) [] Spring _____ (year) [] Summer _____ (year)

Please indicate why you need to appeal (mark all that apply)

___ My SIC Overall Grade Point Average (OGPA) is below 2.0.

___ I did not complete the required number of credits.

___ My total credits attempted exceed 150% credits required for my degree/program.

Please write an explanation describing why you did not meet the required standards for Satisfactory Academic Progress. Attach documentation to support your claim.

Multiple horizontal lines for writing an explanation.

Explain how your situation has changed or changes you have made to prevent the problem(s) from occurring in the future.

Multiple horizontal lines for writing an explanation.

Please continue on back.

Satisfactory Academic Progress Appeal Form continued

Degree Major: _____

Expected Graduation Date: _____ Attempted Credit hours: _____

Credit hours remaining for degree requirements: _____

The section must be completed with an Academic Advisor before your appeal will be considered.

List the courses needed to fulfill graduation requirement:

_____	_____	_____
Semester and year	Semester and year	Semester and year
_____	_____	_____
course and credit hours	course and credit hours	course and credit hours
_____	_____	_____
course and credit hours	course and credit hours	course and credit hours
_____	_____	_____
course and credit hours	course and credit hours	course and credit hours
_____	_____	_____
course and credit hours	course and credit hours	course and credit hours

This academic plan has been reviewed and discussed with the student.

Academic Advisor's signature

Academic Advisor's Name (please print)

I certify the information on this Satisfactory Academic Progress Appeal Form and documentation are true, accurate, and complete to the best of my knowledge. I understand my appeal will not be considered until all supporting documentation is provided.

Student's signature

Date

Please submit form and all documentation to:

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