

Student's Name: \_

50 Oakland Street, Wellesley Hills, MA 02481 Phone (781) 239-2600

Financial Aid Offices: 22481 19 Flagg Drive, Framingham, MA 01702 Phone (508) 270-4010

Fax (781) 239-2607 Email: <u>finaid@massbay.edu</u>

\_MassBay ID#:

## Satisfactory Academic Progress Appeal Form for 2017-2018 Maximum Credit Limit (150%)

students to success regulations, students of financial aid eli	fully complete course denied financial aid d gibility, as long as thi	es and progress satisfac ue to unsatisfactory prog s happened as the resu	shed by the U.S. Department of E torily toward program completion. gress may use this form to appea It of mitigating or unusual (crisis) Academic Advising Meeting wit	Pursuant to federal for reconsideration of circumstances.
available in the Financial	Aid Office, on the Management a student's in	assBay Financial Aid we neligibility for Financial <i>F</i>	sfactory Academic Progress. Thi ebsite and in the MassBay Financ aid due to the failure to meet the Sedit Limit.	ial Aid Award Guide.
			extenuating circumstances that pain to address the following within	
Credits that do n	ot apply toward your	current degree program		
Change of major	while at MassBay C	ommunity College.		
Courses that you	ı did not complete, fo	r example W, I and or F	grades on your MassBay transcr	ipt.
created with your Advisor	r. This plan must sho a professional staten	w the exact listing of co	for program completion. Include to curses remaining to program comp cudemic progress and providing rea	oletion. The Academic
Step 4. I am completing	this appeal form so t	hat I may be reconsider	ed for financial aid for the (please	check <u>one</u> ):
	Fall 2017	Spring 2018	Summer 2018	
IMPORTANT: Ap first day of term).		eviewed for the current t	erm until 45 calendar days into th	e term (starting from th
Please u		under extreme circumsta	☐ YES ☐NO ances, will a second appeal be aption and letters of recommendation	
Step 5. To be complete	ed by Academic Ad	visor during your SAP	Appeal Academic Advising Me	eeting:
I have met with		on	and certify	v that s/he has been
	Student Nan	ne	mm/dd/yyyy progress in their designated ma	
	Program		·	
Signature of MassBay	Academic Advisor	:		

Student's Name:	MassBay ID#:		
are completed. During the appeal pr	eal Form and the attachments to the Financial Aid Office AFTER the items listed above rocess, the student is responsible to pay his/her own expenses, such as tuition, at the expectation of financial aid reimbursement.		
I understand that only under extreme documentation the appeal will be automy address of record and MassBay e	ation will result in denial of this appeal form and incomplete information may cause delays. situations will more than one (1) appeal be approved and that without sufficient omatically denied. I also acknowledge that I will receive the results of the appeal through email. I understand that appeals are reviewed for the current term until the 45th calendar deadline, the appeal will be reviewed for the following semester. Appeal decisions are not		
Student's Signature:	Date:		
For Fin. Aid Office Use Only:	Notes:		
☐ Approve ☐ Deny	Fin. Aid Staff Signature:		