

Please complete the form in its entirety and as detailed as possible.

Name: _____

Date: _____

Email Address: _____

Phone Number: _____

Please accept this as my appeal of Eastwick College's decision to suspend my financial aid based on my failure to achieve satisfactory academic progress. The circumstances that led to my unsatisfactory academic progress include:

My personal circumstances have changed and will result in the improvement of my academic situation. They include:

Based on the above information, please allow me to continue in the _____ program at Eastwick College and to retain financial aid eligibility. I understand that I will be placed on academic probation and that financial aid will be reinstated for one quarter only. Appropriate documentation is attached.

Student Name

Student Signature

Office Use Only:

Committee Members:

1. _____
2. _____
3. _____

Member Vote:

- Yes No
- Yes No
- Yes No

____ **Appeal granted**

____ **Appeal denied**

Reason for decision (must be completed; please print):

List any conditions that may apply (please print):

Committee Chairperson Signature: _____

Date: _____