



POLK STATE COLLEGE

Office of Financial Aid

999 Ave. H. N.E. Winter Haven, FL 33881-4299

Phone: 863-297-1004 Fax: 863-298-6850 Email: financialaid@polk.edu

2011-2012 Satisfactory Academic Progress Appeal

The Office of Financial Aid has established an appeal process for students whose aid has been suspended due to the failure to meet Satisfactory Academic Progress requirements. Reasons for a review of your record may include medical issues, death in the family, or other family crises. **You must submit documentation to support your particular situation (i.e. hospital bills, letter from doctor, obituary, etc.).**

Section A: (Please print.)

Last Name	First Name	M.I.	ID
(Present Mailing Address) Street ()	City	State ()	Zip Code
Home Phone	Cell Phone		

Current Major: _____ Number of hours remaining to complete degree: _____

Please indicate the semester for which you are requesting financial aid reinstatement.
(Check all that apply.)

Fall 2011: _____ Spring 2012: _____ Summer 2012: _____

Section B: (Please print.)

Please explain why you were unable to meet the Satisfactory Academic Progress requirements. Be specific as to what factors caused your academic difficulties (i.e. your deficiency in credit hours and/or grade point average). Also, indicate how you will improve your academic performance. Outline the changes you might have made in your personal, social or economic situation that will allow you to improve your academic success. Additional sheets may be attached if necessary.

Section C:

I certify that the information given on this form and on any attached documentation is true and accurate.

Student Signature

Date

FA Use Only:

Approved _____ Denied _____

FAA Signature _____

Date _____