

Student Financial Services

TERM:	SATISFACTO	RY ACADEMIC	PROGRESS	APPEAL	SAPAPP1	
due to the failure to me circumstance have a rig family, or other family owere approved but fail Warning in the previous audit signed by an ac supporting document comes to incompletes Satisfactory Academi	• •	gress requirements. So a review of your recomitted if you are appen incomplete in the an letter of appeal, and yed classes only in you state in your letter on our website polk int an appeal each te	tudents who feel the rd may include medealing for the first approved term, or do you must attach our major countinger. Please note outled admissions of the major which were until you meet the results.	ney have an exidical issues, dettime, have apreceived a Teacopy of young toward gradur SAP policy SAP on your SAP on your	tenuating eath in the opealed and orm of or degree duation, and when it al Aid, own. If your	
Last Name	First Name		M.I.	ID		
(Present Mailing Address) Street		City	State	()	Zip Code	
Home Phone I certify that all the information	rmation submitted is accurate	and complete:	Cell Pho	ne		
Student Signature			Date			
OFFICE OF S	TUDENT FINANCIAL	AID & SCHOL	ARSHIPS SE	CTION		
FA GPA: T	OTAL ATT HOURS:	% ATT HRS COM	% ATT HRS COMPLETED:		_ % OF 150 RULE:	
EARNED HOURS:	PROGRAM ID:	REMEDIA	L HOURS: DEGREE AUDIT:			
LETTER ATTACHED:	SUPPORTING DOCS:	HOURS REMAINING TO	O GRADUATE:	DATE RCVD:		
DATE EMAIL SENT: DATE FILE N		NOTATED:	TED: Decision:		Approved /Denied	
Reason for denial:						
Staff Initials:			Date:			
** Our appeal policy states	you can submit an appeal twice at	ter that your apeal goes t	o the next level for a f	inal decision**		

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