APPLFA/SP/SU

Submission Deadlines:

- > Fall:08/10/2020
- > Spring:12/11/2020
- > Summer: 04/30/2021



Student ID:	First Name:	Last Name:				
FINANCIAL AID ACADEMIC PROGRESS APPEAL FORM/CHECKLIST						
academic term or year. FSW Catalog. If you ha	You should review the satisfactory a	re and considers all classes attempted not just the previous cademic progress policy on the college website at the cances that prevented you maintaining satisfactory				
TYPE OF APPEAL						
What type of appeal are GPA	you submitting (check all that applies)?				
Completion Percen	tage					
Maximum Timefra	me (90 credits for associate and 180 cred	dits for bachelor's degree)				
Other						
STEP 1: STUDENT IN	NFORMATION					
When are you seeking to	receive financial aid?					
Term: Fall	Spring Summer Year:	:				
In what degree or certific	ate are you currently enrolled?					
Extenuating Circum	stance (please attach documenta	tion):				
Documented med	ical condition, hospitalization, or serious	illness				
Death of an imme	diate family member i.e. parent, sibling,	spouse, or child				
Involuntary call to	active military duty					

Other extraordinary/emergency circumstances, such as natural disasters

STEP 2: WHAT TO SUBMIT FOR ALL APPEALS

- 1. Print and sign this form.
- 2. Attach date specific documentation.
 - For medical conditions, have your healthcare provider complete and return the medical documentation form to the Office of Student Financial Aid. The form can be found at http://www.fsw.edu/financialaid/forms
 - > For death of an immediate family member attach a copy of a death certificate, obituary, or third party documentation of death and documentation of relationship to the individual.
 - > For all other circumstances, submit appropriate documentation.
- 3. Attach a signed and typed letter detailing:
 - > What caused you to fail to meet Satisfactory Academic Progress?
 - ➤ What has changed that will now allow you to make Satisfactory Academic Progress?
- 4. Complete an academic plan, approved by an academic advisor and financial aid specialist.

STEP 3: SIGNATURE AND AGREEMENT

Student Signature_

By signing, I certify that the information provided above, and any attachments are true and accurate. I may be contacted for additional information and/or documentation to process this appeal. I take full financial responsibility to pay for all tuition-related expenses and am prepared to pay from my own resources.

I understand that failure to supply truthful, adequate, and complete information or supporting documentation for this appeal may result in a denial with no further rights to appeal.

Date_

**Appeals will be reviewed by the Florida SouthWestern State College Satisfactory Academic Progress Appeals Committee, Decisions of the Committee are final. **				
Appears Committee. Decisions of the Committee are man-				
Committee Decision Date:				
Approved				
Denied				
Comments:				
Committee Signature:				

Florida SouthWestern State College, an equal access institution, prohibits discrimination in its employment, programs and activities based on race, sex, gender identity, age, color, religion, national origin, ethnicity, disability, pregnancy, sexual orientation, marital status, genetic information or veteran status. Questions pertaining to educational equity, equal access or equal opportunity should be addressed to the College's Title IX Coordinator/Equity Officer/504 Coordinator: Jana Sabo; Room S-213; 8099 College Parkway SW, Fort Myers, FL 33919; (239) 489-9051; Jana.sabo@fsw.edu. FSW online anonymous reporting www.fsw.edu/report. Inquiries/complaints can be filed with the Title IX Coordinator/Equity Officer online, in person, via mail, via email, or with the US Department of Education, Office of Civil Rights, Atlanta Office: 61 Forsyth St. SW Suite 19770, Atlanta, GA 30303-8927.

Office of Student Financial Aid

Student Last Name:

Academic Plan

Student First Name:



Student ID:

				<u>@</u>
cademic Plan is	required beginnin	g the	semester for	the following satisfactory academic progres
Cumulative GPA Current Cumulative GPA Students at the College must meet the minimum cumulative GPA requirement based on the number of credits attempted. Official withdrawal grades are not calculated in the cumulative GPA.		Percent of Completion Current Completion Rate: Students at the College must successfully meet the qualitative standard per FSW Guidelines for the number of credits attempted. All non-completion grades ("W", "F", I" and "M") are used in the calculation of completion rates.		Maximum Credits Allowed (MCA) Current Hours Attempted: Students at FSW are restricted to a maximum number of credits for which they can receive financial aid. The maximum credit allowance is 150% of the published length of the eligible educational program in which the student is currently enrolled.
Requirements of Academic Plan for Cumulative GPA Earn a minimum 2.5 GPA, each semester.		Requirements of Academic Plan for Percent of Completion Successfully complete 100% of your registered courses each term without withdrawing from any course. Earn a minimum of 2.0 GPA for the semester with no W or F grades.		Requirements of Academic Plan for Maximum Credits Allowed Successfully complete 100% of remaining courses (as listed on the course plan) and remain in their current primary curriculum.
	ACADE	MIC ADVISOR MU	UST COMPLETE TI	HIS SECTION:
	nic Standing (pleasong/Probation/Suspension Course		Credits	Total # of credits required for this major: Remaining # of credits required for major: (Including credits to be taken this semester) Course plan: Attach an academic plan/degree audit that clearly indicates classes required for student's current major.

APPLFA/SP/SU

A 1 1				
Additional	academi	ıc nlan	reallire	mentc
Additional	acauciii	ic piaii	1 Cquii C	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

- 1. The student must follow up with their academic advisor before the 6th week of the term.
- 2. Additional requirements can be added at the time of approval.

I have read and understand the above terms and conditions of this academic plan and acknowledge that my advisor has discussed the resources and strategies to help me meet these conditions. I recognize that I am solely responsible for meeting all the requirements of the academic plan and that I will be ineligible for financial aid should I be unable to achieve all these requirements. This academic plan is in place if I am meeting the requirements of the plan, and it shall be reviewed at the end of each semester until I meet satisfactory academic progress. In addition, I acknowledge that any additional credits or alternate classes I choose to take that are not included in this academic plan are ineligible for financial aid. Therefore, all such classes and credits shall be taken at my own expense, and I understand that I remain responsible for meeting all the conditions of this academic plan to be considered for future financial aid eligibility.

Please print name:	
Student's Signature:	Date:
Please print name:	
Advisor's Signature:	Date:
Please print name:	
FA Specialist's Signature:	Date: