

# Great Falls College MSU Admissions and Financial Aid ~ Satisfactory Academic Progress Appeal Form

2100 16th Avenue South, Great Falls, MT 59405

[406] 771.4300 or [800] 446.2698 fax: [406] 771.4329

www.gfcmsu.edu

Name \_\_\_\_\_ Student ID number \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_  
 Street City Zip Email Address \_\_\_\_\_

Last Term Attended:  Fall  Spring  Summer Year: \_\_\_\_\_ Next Term Planning to Attend:  Fall  Spring  Summer Year: \_\_\_\_\_

- Please attach an explanation detailing why you failed to maintain Satisfactory Academic Progress.** Be very specific. Explain how you will successfully complete your next term of enrollment, and how your extenuating circumstances have changed. Attach the appropriate documentation to support your appeal. **Appeals will not be reviewed without the appropriate documentation and explanation.**
- Please attach your Academic Plan after you have reviewed & completed it with your advisor.** The plan must list the courses you will enroll in each term, up to completion of the degree. The plan must be dated and signed by you and the Advisor. **Appeals will not be reviewed without an Academic Plan signed by your advisor.**

Please allow 2-4 weeks for processing and review. You will be notified in writing as soon as a decision has been made. Appeals submitted less than 2 weeks prior to the beginning of classes may not be processed due to time constraints.

**Admissions**

**An updated Admissions Application must also be submitted with this form.**

Please check all boxes that apply:

- Medical conditions have prevented me from completing the required minimum GPA *(please attach explanation and medical documentation)*
- Death in the immediate family *(please attach explanation of relationship and obituary or memorial pamphlet)*
- Incomplete or incorrect grades from my last term of enrollment have been changed. *(grades must be officially changed in the Registrar's Office before your appeal will be considered.)*
- I have successfully completed a term at another institution. *(please submit transcript for documentation)*
- Personal issues that inhibited my academic progress have been resolved. *(please attach explanation and documentation)*
- Other *(please attach explanation and any relevant documentation)*

**Financial Aid**

Please check all boxes that apply:

I would like to request reinstatement of my eligibility for financial aid for the reason(s) checked below:

- Medical conditions have prevented me from completing the minimum number of required credit hours or maintaining required minimum GPA *(please attach explanation and medical documentation)*
- Death in the immediate family *(please attach explanation of relationship and obituary or memorial pamphlet)*
- Personal extenuating circumstances *(please attach explanation & documentation)*
- I have exceeded my maximum time frame for Financial Aid, I need an extension to complete my program *(please attach an explanation detailing why your program was not completed in time frame allowed)*
- Other *(please attach explanation and any relevant documentation)*

***By my signature below I certify that to the best of my knowledge all of the information that I have provided is accurate. I understand that the decision of the appeal committee is final.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Registrar's Office Use Only:

Approved for  Fall  Spring  Summer Year: \_\_\_\_\_  Probation  
 Denied – Explanation Below  Pending – Explanation Below

Comments: \_\_\_\_\_  
 \_\_\_\_\_

For Financial Aid Office Use Only:

Approved for  Fall  Spring  Summer Year: \_\_\_\_\_  Acad Plan  
 Probation  Max Time Extension Through \_\_\_\_\_

Denied – Explanation Below  Pending – Explanation Below  
 Comments: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

