

Name: \_\_\_\_\_ SID number: \_\_\_\_\_

# Opportunity Grant

## Form to Appeal – Satisfactory Progress

Explain below the circumstances for your last quarter incompleteness or non-satisfactory grades. Appeals for failure to maintain satisfactory progress are granted for 'extenuating circumstances' – those that are not the result of student choice. If you feel your situation meets this definition, please explain below.

Attach any documentation that may support your request for appeal. (Example: medical, insurance report, etc.)

---

---

---

---

---

---

---

---

---

---

Please state what you will be doing differently to achieve future successful course completion and grades.

---

---

---

---

---

---

---

---

---

---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Opportunity Grant Coordinator:

Approve \_\_\_\_\_ Not Approve: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_