

SATISFACTORY ACADEMIC PROGRESS APPEAL

IMPORTANT: DO NOT submit this form unless a written appeal and appropriate documentation, if required, is attached. Review of this appeal will be delayed if it is incomplete. Appeals are processed in the order they are received and are subject to volume and time constraints. A written response to your appeal will be sent to the address listed with the Registrar's office, or you may refer to your *myNKU* account to view the status of your appeal.

Student's Name

Student's 9 digits NKU ID or Social Security Number

Student's Phone Number

Fall Spring Summer YR: _____
Semester for which you are enrolling

Please Submit the Following:

- **Appeal Form:** Your signature is required below. This appeal is only for purposes related to the receipt of financial aid.
- **Personal Statement:** Your typed clear and concise statement must include:
 - The reasons you failed to meet the standards: be specific in describing what caused your academic difficulties. Explain the reason for any Incomplete (I) or withdrawal (W) grades on your transcript.
 - What has been done to remedy the situation, and
 - Why it will not happen in the future/what steps are being taken to ensure academic success.
- **Documentation:** Attach documentation to support all extenuating and/or unusual circumstance detailed in your letter. Note that documentation will not be returned: keep a copy for your records. NKU will not contact anyone to obtain information for your appeal.

*If you are filing your appeal based on medical circumstances, you must provide documentation issued by a physician or hospital. All documentation must be printed on the physician's or hospital's official letterhead and it must be signed by the physician. This documentation must include: A brief summary of the illness, specific diagnosis, date you sought treatment for this illness, description of the impact that the medical condition had on your ability to attend classes or perform class requirements. Medical documentation must satisfy all of the above requirements. The committee *will not* accept or consider copies of insurance forms, bills, explanation of benefits (EOB) forms, hospital records or physician's medical records.

Student Certification Statement

By my signature below, I certify that I have read and understand the Satisfactory Academic Policy. I understand that it is my responsibility to monitor my academic progress and to be aware of the requirements of my program, so that I can complete my degree within the time allowed by Federal regulations. I understand that withdrawals and incompletes could affect my eligibility for aid. I understand that I may only appeal one time for each Standard of Academic Progress. If it is mathematically impossible to meet the minimum GPA requirement after 2 semesters, the appeal will automatically be denied. If my appeal is denied, I understand that I must re-establish my aid eligibility by attending at my own expense and raising my cumulative academic record to the minimums listed in the Satisfactory Academic Policy. Neither paying for classes nor sitting out a semester will re-establish eligibility, and I am responsible for any University charges incurred while my appeal is being processed or if it is not approved. I understand that submission of an appeal is not a guarantee of reinstatement of aid. I certify that the information in this appeal is accurate and complete: I understand that any false information will be cause for denial, reduction, and/or immediate repayment of any aid.

Signature _____

Date _____