Satisfactory Academic Progress Appeal Form

Financial Aid Office
617-873-0440
fax 617-349-3561

Please print

Last Name	First Name	M.I.	Social Security Number
Current Mailing Address		Apt.	
City	State	Zip Code	Program of Study
Current E-mail Address			Expected Graduation Date

This form will serve as your request to override the determination completed by the Cambridge College Financial Aid Office that you will not be eligible for aid for the upcoming semester(s) due to your issue of satisfactory academic progress as defined in the Cambridge College Academic Catalog.

Please complete this appeal and return it to the Cambridge College Financial Aid Office within ten days (10) of its receipt. Please describe in detail the reason(s) why you were unable to successfully complete your academic course-work and the semester(s) in which this occurred. These circumstances must be extenuating, such as medical issues, recall to military duty, death of a close family member, or undue hardship. Please attach photocopies of all supporting documentation to assist in the presentation of your appeal.

Please sign and date the appeal at the bottom. Appeals will be reviewed as they are received and a decision will be mailed within a minimum of seven to ten business days.

Continued

Signature _____ Date _____

To be completed by financial aid representative ☐ Approved ☐ Denied

Comments _____

Reviewed by: _____ Date _____