Satisfactory Academic Progress Appeal

I. Student Information

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<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Student ID</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Last semester and year attended at Cedarville University: ________________________________
Student signature: __________________________________________________________

II. Justification for Appeal

If you believe your academic performance was influenced by unusual or mitigating circumstances (i.e., illness, accident, or hospitalization; other family emergencies), you have the option to appeal.

Detail the circumstances that affected your academic standing, as well as your plans to overcome these difficulties and improve your standing. Submit your appeal to the Office of Financial Aid. A committee will review your request and respond within two weeks of a complete submission of your appeal.

Please use the following space to write your appeal, or you may attach a computer-generated appeal letter:

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II. Justification for Appeal (Continued)

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III. Submission Methods
Choose one of the following:
• Mail:     Financial Aid, 251 N. Main St., Cedarville, OH 45314
• Email:    finaid@cedarville.edu *(scan this form, save as a PDF, and send as an attachment)*

** Office Use Only **

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<tr>
<th>Required Cumulative GPA:</th>
<th>Total Credit Hours Attempted:</th>
<th>Maximum Time Frame:</th>
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<tr>
<td>Current Cumulative GPA:</td>
<td>Total Credit Hours Completed:</td>
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