

**Satisfactory Academic Progress Appeal
US Financial Aid**

Student Name: _____

Student ID Number: _____

Phone Number: _____

Projected Graduation Date: _____

Requirement Being Appealed: _____ GPA _____ Maximum Time Frame

Justification for Appeal:

- * All appeals must be received in writing within 10 days of receipt of the Notice of Suspension.
- * Please attach medical documentation of applicable.
- * You may also attach any documentation you feel will support your appeal.

Student Signature: _____ Date: _____

Submit to: Registrar's Office, King's Arts & Administration Building, 6350 Coburg Rd, Halifax, NS B3H 2A1

OFFICE USE ONLY:

Appeal Decision: _____ Approved _____ Denied

Registrar's Office Signature: _____ Date: _____