

Stark State College
Gateway Student Services

6200 Frank Ave NW, North Canton, OH 44720
(330) 494-6170 | Fax-(330) 966-6598
www.starkstate.edu | studentservices@starkstate.edu



STANDARDS OF ACADEMIC PROGRESS APPEAL FORM

Student Name _____ SSC Student ID # _____

Street Address _____

City, State, Zip Code _____

Telephone Number (home) _____ (cell) _____

- *Appeals should be submitted by the last day to register for classes in the term in which you are applying for continued federal financial aid.*
- **APPEALS WILL BE DENIED IF A WRITTEN STATEMENT WITH DOCUMENTATION IS NOT ATTACHED.**
- *If you have not met the Standards of Academic Progress for two consecutive semesters, you must provide a written statement and documentation explaining the mitigating circumstances for each semester you did not meet the Standards of Academic Progress.*

YOU MUST ALSO COMPLETE THE REVERSE SIDE OF THIS FORM

By signing this worksheet, I certify all the information reported to qualify for federal student aid is complete and correct.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Previous appeals _____

Approved

APPEAL

Term Effective _____

Date _____

Restrictions Yes No

Restrict to _____
(number of classes)

Comments: _____

Incomplete

Need written statement

Need documentation

Appointment required

Denied

Denied

No written statement

No documentation

No mitigating circumstances

Multiple prior appeals/unsuccessful attempts

Academic Dismissal

Initials & Date

REASONS FOR THE APPEAL

In addition to completing this form, you must also attach a written statement explaining the mitigating circumstances that occurred which prevented you from meeting the Standards of Academic Progress. The Standards of Academic Progress Appeal Committee will review your written statement and supporting documentation to make a decision on your appeal. Please thoroughly explain and document your appeal.

Check the statement(s) which describe your situation and submit the requested documentation:

- | | |
|---|--|
| <input type="checkbox"/> Illness or Injury | Write a statement explaining the illness or injury, when it occurred and the duration of the illness. Provide a doctor's statement citing the illness or injury and releasing you to return to school |
| <input type="checkbox"/> Work Schedule Change | Write a statement explaining how your work schedule change affected your academic progress. Provide a statement from your employer verifying the schedule change or date of hire (if new job). |
| <input type="checkbox"/> Daycare Problems | Write a statement explaining your daycare problem and how it affected your academic progress. Provide documentation to show that you will have daycare for your children while you are in school. |
| <input type="checkbox"/> Transportation Problems | Write a statement explaining what your transportation problems were and provide documentation to show that you now have transportation. |
| <input type="checkbox"/> Death of Family Member/Friend | Write a statement explaining the individual's relationship to you and their date of death. Provide a copy of the death certificate, obituary, or letter from a third party professional (lawyer, minister, doctor, etc.) |
| <input type="checkbox"/> Other | Write a statement explaining the situation. Provide documentation that verifies the circumstances you describe in your statement. |

Please attach your written statement and documentation to this form and return it to Gateway Student Services at M102.

You will be notified in writing within ten (10) business days of the decision.

Appeals will be denied if supporting documentation is not attached.

FOR OFFICE USE ONLY