

Satisfactory Progress Petition

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

INSTRUCTIONS: On a separate sheet, provide a **signed statement**, including the following:

→ Address **each** semester where you received a grade of **F, I, NC, W, WU or RP**, explaining:

- The circumstances which prevented you from completing your units at that time
- How your circumstances have changed since then
- Proposed plan to keep from "disqualification status" in the future

→ Attach all applicable documentation in support of your appeal

- Examples: Death Certificate, Medical Statements, Police Reports, etc.
- **If you have attempted 100 units or more you must attach** a signed academic/graduation plan on letterhead from your advisor
- **If you are an EOP or RSP student you must attach** a letter of recommendation from your EOP/RSP advisor

→ Allow six weeks before contacting our office to obtain status

Petitions submitted prior to the deadline, allow for sufficient time for clearing any approved petitions.

PETITION DEADLINES

Deadlines are set to assure adequate processing time

First Disbursement Deadline: **July, 10th**

Fall Semester Deadline: **October 30th**

Spring Semester Deadline: **April 1st**

OFFICE USE ONLY BELOW THIS LINE

Petition Number **EOP:** Yes No **RSP:** Yes No **100+ units:** Yes No

Counselor Action Committee Action Director Action Temporary Waiver

Petitioning for: Fall 2015 Spring 2016 Summer 2016 Failed: Contingency _____ P1 _____

MAX Needed

MAX Submitted

MAX Approved

REASON FOR DISQUALIFICATION

PREVIOUS PETITION INFORMATION (Date/Action/Reasons for each prior petition) See attached print-out of Personal Comments

RECOMMENDATION: Waive to Target Waive to Probation Contingency: Fall Spring Summer Deny

FWD BY _____ PRESENTED BY _____ Agree w/ Rec FWD for Max Date _____

DECISION

Petition **APPROVED:** Waived to Probation Target Contingency: Fall _____ Spring _____ Summer _____

Petition **DENIED** Petition **PENDING** **COMPLIANCE UNIT:** Units Waived _____ P1 ACG By _____

Conditions/Comments: _____

Financial Aid Signature _____ Date _____

Response sent Response to EOP/RSP
 Monitor Contingency Personal Comment
 Scanning Send for Max Review