



Financial Aid Office
 5150 N. Maple Avenue, M/S JA 64
 Fresno, CA 93740-8026
 Phone: (559) 278-2182 Fax: (559) 278-4833

Satisfactory Progress Petition

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

INSTRUCTIONS: On a separate sheet, please provide a **signed statement**, which includes the following:

- ❖ Explanation of the circumstances which prevented you from meeting your contracted units
- ❖ Address **each** semester in which you fell short of your contracted units
- ❖ Explain how your circumstances have changed
- ❖ Your proposed plan to keep yourself from "disqualification status" again
- ❖ Attach all applicable documentation in support of your appeal

ATTACHED DOCUMENTATION: (if applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Police Report / Court Documents | <input type="checkbox"/> EOP/UMS Recommendation |
| <input type="checkbox"/> Medical Statement | <input type="checkbox"/> Counselor Statement | <input type="checkbox"/> Recommendation from _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Academic Advisor Statement | |

Petition Number _____	OFFICE USE ONLY BELOW THIS LINE	<input type="checkbox"/> MAX Needed <input type="checkbox"/> MAX Submitted
EOP STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> MAX Approved _____
Reason for Disqualification _____		

PREVIOUS PETITION INFORMATION: INCLUDE ----- DATE / ACTION / REASONS / FOR EACH PRIOR PETITION

RECOMMENDATION FWD BY:

- | | | |
|---|--|---|
| <input type="checkbox"/> Counselor Action | <input type="checkbox"/> Director Action | <input type="checkbox"/> Date _____ |
| <input type="checkbox"/> Committee Action _____ | <input type="checkbox"/> Agree w/ Recommendation | <input type="checkbox"/> Temporary Waiver |

<input type="checkbox"/> Request was APPROVED : waived to <input type="checkbox"/> probation <input type="checkbox"/> target <input type="checkbox"/> Contingency: <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Request was DENIED : (see comments) <input type="checkbox"/> Units Waived _____ Comments/Conditions _____ _____
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