

**SATISFACTORY ACADEMIC
PROGRESS APPEAL**



Marquette University, Office of Student Financial Aid
Zilber Hall, Ste. 121 PO Box 1881
Milwaukee, WI 53201-1881
T: (414) 288-4000 F: (414) 288-1718

Student Name: _____

SS#: _____ / _____ / _____ MUID #: _____

Instructions:

1. Student completes section A and forwards to the appropriate academic dean for completion of section B.
2. Academic Dean completes section B and forwards to the Office of Student Financial Aid.
3. Office of Student Financial Aid will notify student in writing of final decision on appeal as recommended by the Academic Dean.

Section A: To be completed by the student

Please explain why you did not make satisfactory academic progress during the past academic year and why you feel you will be able to succeed if given another opportunity. Extenuating circumstances include, but are not limited to: personal injury or illness, family difficulties, interpersonal problems, death of student's relative, and difficulty balancing responsibilities. (Continue on reverse side, if necessary.)

Student Signature

Date

Section B: To be completed by the Academic Dean

Based upon an evaluation of _____'s appeal for another
Last Name First Name
opportunity to succeed academically,

I recommend I do not recommend reinstatement of his/her eligibility to apply for financial aid for the
upcoming 20_____ - 20_____ academic year.

Additional comments:

Name

Title

Signature

Date

CF99-13