Office of Scholarships and Financial Aid

Georgia Institute of Technology
Atlanta, Georgia 30332
(404) 894-4160
http://www.finaid.gatech.edu

Satisfactory Academic Progress Appeal of Financial Aid Suspension

Semester: _____

Name: _____ GT ID: _____

Email: _____ Phone Number: _____

As a condition of receiving financial assistance from Georgia Tech, I understand that I am required to meet the standards of Satisfactory Academic Progress for financial aid recipients. I understand that I may appeal a suspension from financial aid eligibility if there are extenuating circumstances. By submitting this petition, I authorize the review of my academic records and financial aid awards, including any prior appeal actions, by members of the Financial Aid Appeal Committee.

Section I: Student Statement of Appeal
Specify the reason(s) why the minimum Standards of Satisfactory Academic Progress requirements were not met. Attach additional pages if necessary.

_____
_____
_____
_____
_____
_____

Section II: Achieving Satisfactory Academic Progress
Specify the steps that you have/will take toward achieving Satisfactory Academic Progress.

_____
_____
_____
_____
_____

***Please allow up to 10 business days for processing.**

_____ _____
Student Signature Date

For Office Use Only:

Current GPA: _____ Required GPA: _____

Approved: _____ Denied: _____

2nd Reviewer Decision/Signature:

_____

Total Hrs Attempted: _____

Hrs Req. for Degree: _____

150%: _____

Reviewed by: _____

Date: _____