



Southeastern Illinois College  
 Financial Aid Office  
 3575 College Rd.  
 Harrisburg, IL 62946  
 Phone: (618) 252-5400 Fax: (618) 252-3062  
 Email: [fao@sic.edu](mailto:fao@sic.edu)

## Satisfactory Academic Progress Appeal

Please read instructions carefully and complete the form to its entirety. Appeals are reviewed weekly. You will receive written notification of the decision and conditions of approval.

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Appeal Requested for:  Fall \_\_\_\_\_ (year)  Spring \_\_\_\_\_ (year)  Summer \_\_\_\_\_ (year)

Please indicate why you need to appeal (mark all that apply)

\_\_\_\_ My SIC Overall Grade Point Average (OGPA) is below 2.0.

\_\_\_\_ I did not complete the required number of credits.

\_\_\_\_ My total credits attempted exceed 150% credits required for my degree/program. **I understand I must also have the boxed section on this form completed by an Academic Advisor.**

Please write an explanation describing why you did not meet the required standards for Satisfactory Academic Progress. **Attach documentation to support your claim.**

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Explain how your situation has changed or changes you have made to prevent the problem(s) from occurring in the future.

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**Please continue on back.**

# Satisfactory Academic Progress Appeal Form continued

Degree Major: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Attempted Credit hours: \_\_\_\_\_

Credit hours remaining for degree requirements: \_\_\_\_\_

**The section must be completed with an Academic Advisor or Department Chair.**

List the courses needed to fulfill graduation requirement:

_____	_____	_____
Semester and year	Semester and year	Semester and year
_____	_____	_____
course and credit hours	course and credit hours	course and credit hours
_____	_____	_____
course and credit hours	course and credit hours	course and credit hours
_____	_____	_____
course and credit hours	course and credit hours	course and credit hours
_____	_____	_____
course and credit hours	course and credit hours	course and credit hours

This academic plan has been reviewed and discussed with the student.

\_\_\_\_\_  
Academic Advisor's signature

\_\_\_\_\_  
Academic Advisor's Name (please print)

I certify the information on this Satisfactory Academic Progress Appeal Form and documentation are true, accurate, and complete the best of my knowledge. I understand my appeal will not be considered until all supporting documentation is provided.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**Please submit form and all documentation to:**

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