

SATISFACTORY ACADEMIC PROGRESS APPEAL

IMPORTANT: DO NOT submit this form unless a written appeal and appropriate documentation is attached. Review of this appeal will be delayed if it is incomplete. Appeals are processed in the order they are received and are subject to volume and time constraints. A written response to your appeal will be sent to the address listed with the Registrar's office, or you may refer to your *myNKU* account to view the status of your appeal.

Student's Name	Student's 9 digit NKU ID	Date of Birth
Student's Phone Number	Fall Spring Summer YR: _____ Semester for which you are enrolling	
Student's Email		

Please Submit the Following:

- **Appeal Form:** Your signature is required below. This appeal is only for purposes related to the receipt of financial aid.
- **Personal Statement:**
 - A letter written by the student which clearly states the extraordinary circumstances which may have adversely impacted the student's academic performance. The appeal must indicate why the student failed to make satisfactory academic progress and what has changed that will allow the student to make satisfactory progress at the next evaluation. For example, the letter should specify steps taken to ensure improved academic performance.
- **Documentation:** Attach documentation to support all extenuating and/or unusual circumstance detailed in your letter. Note that documentation will not be returned: keep a copy for your records. NKU will not contact anyone to obtain information for your appeal. **Supporting documentation is required for all appeals.**

Student Certification Statement

By my signature below, I certify that I have read and understand the Satisfactory Academic Policy. I understand that it is my responsibility to monitor my academic progress and to be aware of the requirements of my program, so that I can complete my degree within the time frame allowed by Federal regulations. I understand that withdrawals and incompletes could affect my eligibility for aid. If it is mathematically impossible to achieve a 1.8 cumulative GPA after one semester, the appeal will automatically be denied. If it is mathematically impossible to reach a cumulative pace of completion rate of 67% after one academic year, the appeal will automatically be denied. If my appeal is denied, I understand that I must re-establish my aid eligibility by attending at my own expense and raising my cumulative academic record to the minimums listed in the Satisfactory Academic Policy. Neither paying for classes nor sitting out a semester will re-establish eligibility, and I am responsible for any University charges incurred while my appeal is being processed or if it is not approved. I understand that submission of an appeal is not a guarantee of reinstatement of aid. I certify that the information in this appeal is accurate and complete: I understand that any false information will be cause for denial, reduction, and/or immediate repayment of any aid. I understand that I may only appeal once per academic year. I understand that the appeal committee's decision is final.

Signature _____ Date _____