Office of Student Financial Services
One Winooski Park, Box 4
Colchester, VT 05439
Tel. 802-654-3243
Fax: 802-654-2591
E-mail: finaid@smcvt.edu

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Appealing as of the end of: _Spring 2026 __ Summer 2026 __ Fall 2026

Name:_____ **SMC ID:**_____

IMPORTANT INFORMATION REGARDING THE APPEAL PROCESS:

- Appeals should be submitted within 30 days of receiving your notification.
- You will be notified via your Saint Michael's College email with the decision of your appeal.
- If your appeal is approved, you will be placed on financial aid probation for the next term of your enrollment. During probation, you must meet satisfactory academic requirements and/or the conditions you have stated in your Academic Plan. Failure to do so may result in the loss of your financial aid for future semesters.

1) Provide an explanation of the extenuating circumstances that prevented you from meeting the Satisfactory Academic Progress requirements. (i.e., illness, injury, death of a relative, etc.) and attach supporting documentation.

2) Describe the changes you are implementing to ensure future success in achieving Satisfactory Academic Progress.

3) Have you been meeting regularly with your academic advisor? _____

ANTICIPATED ENROLLMENT FOR THE NEXT SEMESTER:

Semester: __Summer 2026 __ Fall 2026 __ Spring 2027				
Course #	Course Name	Credit Hours	Repeat?	Expected Grade
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

CERTIFICATION: I certify that all the information reported on this form is true, complete and correct. I understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

_____ _____

Student Signature **Date**

Return this signed form by mail or fax to:

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