



**Student Financial Services**  
 1500 College Parkway – Elko, NV 89801  
 Phone: 775-327-2095  
 Fax: 775-327-5105  
[financial-aid@gbcnv.edu](mailto:financial-aid@gbcnv.edu)

**Satisfactory Academic Progress Appeal 2026-27**

Student Name: \_\_\_\_\_  
 PLEASE PRINT

GBC ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

- Submit the following with your appeal form:
- Complete all items on page 1.
  - Set up an appointment with your academic advisor(s). Advisor must complete all items on page 2.
  - Submit unofficial academic transcript(s). GBC Download from MyGBC Student Self-Service Center portal
  - Submit a “What If” Report. Download from MyGBC Student Self-Service Center portal or have advisor print one.
  - Attach appropriate documentation and return to Student Financial Services.
  - Appeal by these deadlines (*appeals received after these deadlines will not be considered until the following term*):
- |           |         |        |
|-----------|---------|--------|
| OCTOBER 1 | MARCH 1 | JULY 1 |
|-----------|---------|--------|

I am filing an appeal of (check all that apply):

- 1. **GPA** - If this appeal is based upon your cumulative grade point average, you must address the issue of completing courses with a GPA below 2.0.
- 2. **Pace** - If this appeal is because your ratio of credits attempted to credits passed is less than the 67% required, or your term completion is less than 100%, you must address enrolling in courses and earning W, F, or I grades which have negatively affected your completion ratio.
- 3. **Time Frame** – If this appeal is based on exceeding the total number of credits required to complete your degree or certificate, you must provide a plan for completing your degree or certificate. Please indicate if you have recently changed your academic plan.

I was unable to maintain Satisfactory Academic Progress during the previous academic period because (please check one):

- 1. **I experienced a death or major illness within my immediate family.**
- 2. **I experienced a personal illness or injury.**
- 3. **Other special circumstance**
- 4. **Withdrawal from all classes in a term**

Please **attach a detailed statement explaining the specific circumstances** that prevented you from making Satisfactory Academic Progress. **Attach as many additional pages** as needed to fully explain your individual circumstance(s). Personal statements that do not provide sufficient information may cause your appeal to be denied. Also attach documentation of your situation.

Please explain **what has changed** and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program. Attach any additional documentation, as needed.

**STUDENT CERTIFICATION:**

**I understand that if my appeal is approved, I will be placed on Financial Aid Probation. If I am required to complete an Academic Plan, I must follow the plan or I will be placed on suspension. I understand the decision of the GBC Financial Aid Appeals Committee is final. If my appeal is denied I am responsible for the payment of tuition, housing, or institutional charges due to GBC.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

