## **Student Financial Services**



STUDENT SIGNATURE: \_\_

1500 College Parkway – Elko, NV 89801 775-753-2399 775-753-2390(fax) financial-aid@gbcnv.edu

DATE: \_\_\_\_\_

## **Satisfactory Academic Progress Appeal 2019-2020**

Student Name:					
	PLEASE PRINT				
GBC ID Number:	Email Address:				
<ul> <li>Attach appropriate documentation</li> <li>Appeal by these deadlines (appeal)</li> </ul>	ript(s). GBC students can download from M n and return to Student Financial Services. s received after these deadlines will not be	considered until the following term):			
OCTOBER 1 to receive aid for Fall Term	MARCH 1 to receive aid for Spring Term	JULY 1 to receive aid for Summer Term			
completing courses  2. Pace - If this appeal your term completic which have negative which have negative and certificate, you make the recently changed your term completion which have negative and certificate, you make the recently changed your term completion which have negative and certificate, you make the recently changed your recently changed your term of this or certificate, you make the recently changed your term of this or certificate, you make the recently changed your term completion which have negative and the recently changed your term completion which have negative and the recently changed your term completion which have negative and the recently changed your term completion which have negative and the recently changed your term completion which have negative and the recently changed your term completion which have negative and the recently changed your term completion which have negative and the recently changed your term of the recently changed your term of the recently changed your term completion which have negative and the recently changed your term completion which have negative and the recently changed your term completion and the recently changed your term of the recently changed your term of the recently changed your term completion and the recently changed your term of the recently changed your term completion and the recently changed your term of the rec	on is less than 100%, you must address enroully affected your completion ratio.  appeal is based on exceeding the total number of the provide a plan for completing your degrour academic plan.  c Progress during the previous academic per the or major illness within my immediate fair conal illness or injury.  Instance  I classes in a term	cocredits passed is less than the 67% required, of lling in courses and earning W, F, or I grades ber of credits required to complete your degree ee or certificate. Please indicate if you have riod because (please check one):  mily.			
Please attach a detailed statement explaining Progress. Attach as many additional pages as provide sufficient information may cause your	needed to fully explain your individual circu	imstance(s). Personal statements that do not			
Please explain <b>what has changed</b> and/or how your academic program. Attach any additional		ped above so that you can successfully complete			
STUDENT CERTIFICATION:  I understand that if my appeal is approved, I Plan, I must follow the plan or I will be placed Committee is final. If my appeal is denied I ar	d on suspension. I understand the decision	of the GBC Financial Aid Appeals			

——— TO BE COMPLETED	AND SIGNED BY A	ACADEMIC ADVISOR	

You must meet with your academic advisor(s). He or she must complete the information below and sign the form before your appeal can be considered.

ΑD	OVISOR(S):				
Ple	ease complete every section below.				
1.	Student's completed number of academic credits applicable toward program:				
2.	Number of credits still needed to complete degree or certificate:				
3.	. Student's cumulative GBC grade point average (GPA):				
4.	. Number of terms remaining to complete degree or certificate:				
5.	. Please describe <b>the academic plan</b> , including a list of courses still required to complete the program. <b>Or</b> attach a copy the student's WHIF highlighting courses still required to complete the program.				
_					
_					
_					
ΑD	OVISOR SIGNATURE / ADVISING UNIT  ADVISOR'S NAME – PLEASE PRINT				
	ATE PHONE NUMBER				