

Student Name:

## **Student Financial Services**

1500 College Parkway – Elko, NV 89801 775-327-2095 775- 327-5105 (fax) financial-aid@gbcnv.edu

## Satisfactory Academic Progress Appeal 2022-23

PLEASE PRINT						
GBC ID Number: Email Address:						
DIRECTIONS:						
<ul> <li>Complete all</li> <li>Your academ</li> <li>Submit unoff</li> <li>Submit "Wha</li> <li>Submit appro</li> </ul>	ic advisor(s) must co icial academic trans at If Report". GBC st opriate 3rd Party do	e Federal SAP email communication to deter omplete all items on page 2. Call and make a cript(s). GBC students can download from M udents can download from MYGBC Student cumentation etc, and return to Student Finan als received after these deadlines will not be	ppointment. See MYGBC Student Center yGBC Student Self-Service Center. cial Services.			
OCTOE		MARCH 1	JULY 1			
to receive aid	l for <b>Fall</b> Term	to receive aid for <b>Spring</b> Term	to receive aid for <b>Summer</b> Term			
I am filing an appeal of (	check all that apply)	:				
		ll is based upon your cumulative grade point a es with a GPA below 2.0.	average, you must address the issue of			
□ 2.	your term comple	al is because your ratio of credits attempted t tion is less than 100%, you must address enro vely affected your completion ratio.	o credits passed is less than the 67% required, o Illing in courses and earning W, F, or I grades			
□ 3.	or certificate, you	is appeal is based on exceeding the total num must provide a plan for completing your degryour academic plan.	aber of credits required to complete your degree ree or certificate. Please indicate if you have			
I was unable to maintain	Satisfactory Acader	nic Progress during the previous academic pe	riod because (please check one):			
	. I experienced a de	eath or major illness within my immediate fa	mily.			
□ 2.	. I experienced a pe	ersonal illness or injury.				
□ 3	. Other special circu	ımstance				
□ 4.	. Withdrawal from	all classes in aterm				
Progress. Attach as man	y additional pages	ng the specific circumstances that prevented as needed to fully explain your individual circuur appeal to be denied. Also attach document	umstance(s). Personal statements that do not			
•	•	w you will address the circumstance(s) described all documentation, as needed.	oed above so that you can successfully complete			
STUDENT CERTIFICATIO	N:					
Plan, I must follow the	plan or I will be plac	I will be placed on Financial Aid Probation. I ed on suspension. I understand the decision am responsible for the payment of tuition, h	of the GBC Financial Aid Appeals			
STUDENT SIGNATURE:			DATE:			

TO DE CO	NADI ETED AND CICK	IED DV ACADEMIC	ADVICOD
IU DE CUI	MPLETED AND SIGN	NED DI ALADEIVIIL	ADVISUR

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.

ΑC	ADVISOR(S):					
PΙε	Please complete every section below.					
1.	1. Student's completed number of academic credits applied	Student's completed number of academic credits applicable toward program:				
2.	Number of credits still needed to complete degree or certificate:					
3.						
4.	Number of terms remaining to complete degree or certificate:					
<ol> <li>Please describe the academic plan, including a list of courses still required to complete the program. Or the student's WHIF highlighting courses still required to complete the program.</li> </ol>						
ΑC	ADVISOR SIGNATURE / ADVISING UNIT	ADVISOR'S NAME – PLEASE PRINT				
D	DATE	PHONE NUMBER				
S	Student Name	Student ID:				