Southern California University of Health Sciences

Satisfactory Academic Progress Appeal Form

Section A: General Information

Please Print

Name: ___________________________ ID Number ___________________________

Address: ___________________________

Phone #: ___________________________ Major: ___________________________

Academic Advisor: ___________________________

Section B: Reason(s) for an Appeal (Check all that apply)

_____ Illness or injury-Provide supporting documentation of illness (Doctor’s letter Hospital bill, etc.)

_____ Extended illness or Death of an immediate family member-Please attach appropriate documentation and/or program. Consideration will only be given for immediate family member (parent(s), spouse, sibling or child.

_____ Unusual Circumstances-Please provide details and documentation (if possible).

List the date(s) the circumstance(s) occurred: ___________________________

Section C: Letter of Appeal-Please attach a typed, detailed explanation of the reason(s) that you would like for the Appeals Committee to consider.

Signature: ___________________________ Date: ___________________________

Please turn in this form, your letter and supporting documentation to the Financial Aid Office located in the OneStop Enrollment Services Building B. Return this form, your letter and supporting documentation no later than Week 16.

Revised May 2015