



### Satisfactory Academic Progress Appeal Form

This form serves as an appeal for reinstatement of my federal/state financial aid. I understand that I have not met the Satisfactory Academic Progress Standards at South Texas College of Law Houston (STCLH) during my last academic year of enrollment, and I would like to appeal the decision due to personal mitigating/extraordinary circumstances. I will check my STCLH email for correspondence regarding this appeal. I also understand that I am not eligible for financial aid unless I receive approval of this request for reinstatement of financial aid via email.

Through this appeal, I am seeking reinstatement of aid for (indicate year): \_\_\_\_\_

\_\_ Fall

\_\_ Spring

\_\_ Summer

Last Name:

First Name:

Middle Initial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student ID:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

STCLH E-mail Address: \_\_\_\_\_

Course Load:

\_\_ Full-Time \_\_

Part-Time

*Have you submitted a previous SAP appeal to STCLH?* \_\_ No \_\_ Yes, If yes, what semester/year? \_\_\_\_\_

**Please respond to both of the following requests in a typed document:**

1. Describe legitimate circumstances that prevented you from meeting the required SAP standards (i.e.: medical emergencies, long term illness, death in the family, or other extenuating personal situations, and the ways in which this unavoidable circumstance prevented you from fulfilling your academic responsibilities).

You must attach documentation or evidence of your circumstances (i.e.: letter from physician, hospital documentation, etc.).

**Appeals lacking documentation will be automatically denied.**

2. Outline actions you intend to take to improve your academic performance and how you plan to make up credits and/or increase your grade point average (GPA). Please attach documentation (i.e.: schedule of classes, tutoring, and/or work; letter from academic advisor, etc.).

*Your signature below indicates that all of the information and documentation you have provided pertaining to this appeal is true and complete to the best of your knowledge. Please note: If your appeal is approved, you must remain a matriculated student for the semester in which financial aid was granted.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE: Appeal Forms must be received within 14 days of notification**  
**Please return this completed form along with all required documentation to**  
**The Director of the Office of Scholarships & Financial Aid, Suite 246, 1303 San Jacinto Street, Houston**  
**TX 77002 or fax to (713) 659-3807**