



The Florida State University
 Office of Financial Aid
 Room A4400 UCA
 Tallahassee, FL 32306-2430
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 850-644-6404 (fax)

**SATISFACTORY ACADEMIC
 PROGRESS APPEAL**

Credit Hour Recalculation

Semester	Submit Appeal By:	For review by:	Last day to submit:
Fall 2017	8/1/2017	Fall Tuition Deadline	9/29/2017
Spring 2018	1/5/2018	Spring End of Term	2/8/2018

If you believe the credit hours used in the Satisfactory Academic Progress review should be re-evaluated, you may have your Academic Advisor complete this form to establish current degree hours attempted / earned and or GPA recalculation.

If your credit hours /GPA are correct – you need to refer to the standard Satisfactory Academic Appeal form.

SECTION I: General Information (to be completed by the student)

Name _____ EMPLID _____

Please Print (First – Last)

Career (Circle): UGRD GRAD LAW MED Major: _____

Phone: _____ Expected Grad Date: _____

SECTION II: Statement of Appeal (to be completed by the student)

I am appealing cancellation of my financial aid for the following reasons: (check all that apply):

- Cumulative (including transfer) GPA is less than 2.0
- Did not successfully complete 70% of attempted hours
- Exceeded the maximum attempted hours for degree completion

SECTION III: Transcript Review**Academic Advisor/Dean's Office: to be completed by the Academic Advisor, Department Head, or Dean**

We are requesting your assistance in assessing the student's academic record. Please review the student's transcript to document the following:

- Hours required for the current degree being sought
- Hours attempted toward the current degree
- Hours earned toward the current degree
- GPA for the current degree

The student is working towards the following degree:

BA/BS/BFA _____ MA/MS _____ SPECIALIST _____ Ph.D. _____

J.D. (LAW) _____ M.D. (MED) _____ Major: _____

(1) Has the student completed all required courses for the degree being sought? ___ Yes ___ No

(2) Average Credit Hours required for current degree program being sought _____

(3) Student's Attempted Hours towards current degree program _____

(4) Student's Earned Hours towards current degree program

**If transfer hours are included in the total Earned hours, please indicate the total Transfer hours applicable to the degree. **

Total Hours Earned: _____ Transfer Hours Toward Degree: _____

(5) Is the student working on more than one degree concurrently? ___ Yes ___ No

(6) Remaining credit hours needed to complete degree program(s) requirements _____

(MAJOR AND ANY REQUIRED MINOR - including current term):

(7) Timeframe for completion of degree(s) (expected graduation): Term: _____ Year: _____

Academic Advisor/Dean's Office:

Signature (Academic Advisor/Department Head/Dean): _____

Print Name: _____ Title/Department: _____

Phone number: _____ Email: _____