LAKE FOREST COLLEGE

Office of Financial Aid
555 North Sheridan Road
Lake Forest, IL 60045-2338
www.lakeforest.edu
Fax: 847.735.6271

Satisfactory Academic Progress

Appeal Form for Fall 2014 Semester

(Appeal must be submitted by Friday, June 20th.)

First Name:_____ **Last Name:**_____ **LFC ID #:**_____

If you feel that unusual circumstances kept you from completing your classes and/or achieving the minimum GPA required of all financial aid recipients (as detailed in the accompanying letter), you may appeal by returning this completed form and all supporting documents to the Office of Financial Aid.

You may be required to submit additional documentation. Submitting this form along with the appropriate documentation does not guarantee that your appeal will be granted, or that your financial aid eligibility will be reinstated.

Appeal should include all of the following:

1) An **attached statement** describing the specific reason – events and/or circumstances that directly contributed to the lack of meeting the satisfactory academic progress requirements. If the reasons for the lack of meeting the academic requirements developed over the course of several semesters (or academic years), you should explain all circumstances that have contributed to not meeting the academic progress requirements. In addition, **please provide a specific plan of action to improve your academic progress in upcoming terms.**

2) **Documentation to support** your appeal (if applicable)

3) **Signature by academic advisor** confirming discussion of a plan of corrective action has taken place (see below)

For Academic Advisor to complete:

I have met with (name of student)_____ and we have discussed a plan for corrective action regarding his/her academic progress.

Name (please print) _____ Title _____

Signature _____ Date _____

Student's Statement of Certification: I certify that the information provided on this form and the attached documentation is accurate and true to the best of my knowledge. I understand that my academic advisor and/or other Lake Forest support person may be consulted in the review of this appeal.

_____ _____

Student Signature **Date**

Return this completed form to:

Office of Financial Aid, Lake Forest College, 555 N. Sheridan Road, Lake Forest, Illinois 60045 ***or***
Fax this form to 847.735.6271