Satisfactory Academic Progress Appeal
Appeal Form for Fall 2016 Semester
(Deadline: Wednesday, June 22, 2016)

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 Julia Berkowitz (Contact Julia directly to set up a time to discuss your Satisfactory Academic Progress appeal).

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