



2025-2026 Satisfactory Academic Progress – Appeal Worksheet

STUDENT’S INFORMATION

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s Mt. SAC ID Number	Date
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Reason for Denial:

- ☐ GPA – Cumulative (G)
- ☐ GPA & Min (GMN)
- ☐ GPA & Max & Min (GMXMN)
- ☐ Minimum Units (MN)
- ☐ 80 Units or more (MX)
- ☐ 80 Units & GPA (GMX)
- ☐ 80 Units & Min (MXMN)

	Cumulative Totals	Mt. SAC Cumulative Totals
GPA		
Units Attempted		
Units Earned		

Previous Appeals: ☐ Yes ☐ No Years: _____

Mitigating Circumstances: ☐ Yes ☐ No Circumstances: _____

Payment Request: ☐ Fall ☐ Spring ☐ Summer

Educational Goal:

Current Ed Plan?	_____	Major: _____
Complete?	_____	<input type="checkbox"/> Certificate
Partial?	_____	<input type="checkbox"/> Associate
Semester Remaining?	_____	<input type="checkbox"/> Transfer

Comments: _____

Financial Aid Action:

<input type="checkbox"/> Approved Fall	<input type="checkbox"/> Approved Spring	<input type="checkbox"/> Approved Summer	<input type="checkbox"/> Denied Fall	<input type="checkbox"/> Denied Spring	<input type="checkbox"/> Denied Summer
<input type="checkbox"/> Incomplete _____					
<input type="checkbox"/> Referred to Board of Appeals & Reason: _____					
Financial Aid Staff:			Date:		

Board of Appeals Action:

<input type="checkbox"/> Approved Fall	<input type="checkbox"/> Approved Spring	<input type="checkbox"/> Approved Summer	<input type="checkbox"/> Denied Fall	<input type="checkbox"/> Denied Spring	<input type="checkbox"/> Denied Summer
<input type="checkbox"/> Pending _____					
Comments: _____					

Board of Appeals Chairperson: _____ Date: _____