



Office of Financial Aid/Veterans' Affairs
 Division of Student Affairs
 University Center, Room 4121
 Valdosta, GA 31698-0167
 (229) 333-5935 Office
 (229) 333-5430 Fax
<http://www.valdosta.edu/finaid>

SATISFACTORY PROGRESS PETITION

PLEASE PRINT AND COMPLETE ENTIRE SECTION:

Name	Student ID Number	Current Telephone No.	
Current Address or VSU Box	City	State	Zip Code
Year in School: FR SO JR SR GR	Major:		
Semester and year for which you are applying for reinstatement of aid: Semester _____		Year _____	

Explanations of your need for financial aid are not necessary. If you have been receiving aid, we have detailed information regarding your financial condition.

This form should be completed if your financial aid is being withheld for failure to meet financial aid satisfactory progress requirements. The letter grades of "F", "I", "W", "WF", "V", "U", do not count towards compliance. Only the grades of "A", "B", "C", "D", or "S" count as satisfactory completion of a course.

Please explain the circumstances that prevented you from completing the required 67% of your courses attempted and **PROVIDE SUPPORTING DOCUMENTATION**. Indicate how these circumstances have **changed** so that you can comply with the regulations in the future. Document arrangements you have made with professors for clearing incompletes. Medical circumstances must be documented with a statement from your doctor including information concerning your illness and your ability to return to school. Documentation should include death certificates and/or letters from physicians, counselors, employers, or other appropriate persons, which can substantiate your situation. A copy of your transcript will be obtained by our office to evaluate your academic history. You should be sure that the circumstances, which you are explaining, are directly related to the actual terms that you did not make satisfactory progress. You should be aware that re-admission to Valdosta State University is not considered an adequate reason for reinstating your financial aid.

Please use the back of this page for your appeal and attach additional pages and your documentation to this page.

Date: _____ Student's Signature: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Academic Suspension
<input type="checkbox"/> Approved with conditions: _____	<input type="checkbox"/> Learning Support A/S
<input type="checkbox"/> Denied	<input type="checkbox"/> 67%
<input type="checkbox"/> Denied Exit Learning Support	<input type="checkbox"/> 150%
<input type="checkbox"/> Denied/No longer eligible	<input type="checkbox"/> Grad. Below 2.5gpa

Signature: _____ Date: _____