

ArtCenter SCHOLARSHIP SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

You may appeal the loss of eligibility for Scholarship by submitting this completed form, a written statement, and a detailed Academic Plan approved by your academic advisor to the Financial Aid Office. If your appeal is approved, you will be expected to meet the enrollment goals and grades set for your Appeal term. We encourage you and your advisor to be realistic when planning your goals; however, it must be possible for you to regain good progress in order for the Financial Aid Office to approve your appeal. **INCOMPLETE SCHOLARSHIP SAP APPEALS WILL BE RETURNED TO THE STUDENT FOR COMPLETION PRIOR TO REVIEW.**

STUDENT INFORMATION

Last name, First Name _____ Student ID _____ Major _____ Current Term _____

Address: City, State, ZIP _____ Phone _____

Expected Graduation Term _____ Cumulative GPA _____ Term GPA _____ Scholarship(s) Amount _____

APPEAL CIRCUMSTANCES Please check below which factors caused your Academic Progress to be hindered.

I experienced a serious injury or extended illness.

I experienced death or life threatening illness of a family member.

I was called to duty by military activation.

I experienced other mitigating circumstances beyond my control.

Other / Please Explain _____

YOU MUST ATTACH A WRITTEN STATEMENT ON A SEPARATE SHEET FURTHER EXPLAINING YOUR SITUATION AND HOW YOU PLAN TO ACHIEVE YOUR ACADEMIC GOALS.

ACADEMIC PLAN Schedule of remaining coursework: Please indicate the number of units the student should complete during the potential Appeal Term, the planned courses, and anticipated grade. The student's eligibility for scholarship will depend on meeting the enrollment goals set below for each semester.

Term	Name of Class	Credits	Anticipated Grade
Example: Spring 2018	Make up class	3	B

Department Chair (Print Name) _____

Phone Extension _____

Department Chair Signature _____

Date _____

I certify that the information on the appeal form and any supporting documentation is accurate, true and complete to the best of my knowledge. I understand that I have failed to meet the Art Center Scholarship requirements of 3.0 Cumulative GPA and that I have lost my Scholarship eligibility because of my academic history. I understand that this Scholarship SAP Appeal will be reviewed by a committee and approved only if, in their opinion, the circumstances of my situation justify allowing me more time to meet the Art Center Scholarship requirements. I understand that upon review, the committee may request additional documentation.

Student Signature _____

Date _____

F.A. USE ONLY | F.A. Decision _____

Signatures _____

Notes _____ Date _____

ArtCenter Financial Aid Office | 1700 Lida St. Pasadena, CA 91103
 Email: finaid@artcenter.edu | Phone: 626.396.2215 | Fax: 626.683.8684
<http://inside.artcenter.edu/go/fa>