VAAE - PAS - 02 (11/2014)

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|  Office of the Dean of Academic Affairs | **SATISFACTORY ACADEMIC PROGRESS***UNDERGRADUATE LEVEL***APPEAL REQUEST** |
| Identification Number |  | **First Name** |  | **Father’s Surname** | **Mother’s Maiden Surname** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Campus/ Academic Unit | Home Address | Mailing Address |
| Home Telephone |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Phone |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | E-mail |
|  |  |
| Type of appeal: □ Loss of eligibility for financial aid □ Academic dismissal | Indicate the academic year: |
| Check (√) the academic term for which you are appealing.* First semester □ Second semester □ First trimester □ Second trimester □ Third trimester
* First bimester □ Second bimester □ Third bimester □ Fourth bimester
 |
| Check (√) the circumstance(s) that prevented you from achieving satisfactory academic progress.* Death of an immediate family member □ Loss of employment □ Recent illness or accident □ Divorce
* Illness or accident in immediate family □ Other circumstances. Explain:
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| Explain how the afore checked circumstances affected your academic progress. |
| Explain what adjustments you will make to successfully continue with your studies. |
| Along with this appeal, you must include the **Academic Agreement** which you must have discussed with an academic advisor or professional counselor and which must be signed. Th.is **Academic Agreement** will include the courses in which you will enroll in the following terms to meet the grade point average (GPA) required by your program of study and the 66.67% completion rate (pace) established in the Satisfactory Academic Progress Norm for undergraduate programs. |
| Date: | Student's Signature: |
|  |
| **FOR USE BY APPEALS COMMITTEE** |
| Program of Study: | General GPA required by program of study: |
|  | Completion rate / pace (approved credits / attempted credits): |
| The student explained the reasons that prevented him/her from achieving satisfactory academic progress.□Yes □ No | The student explained the changes in his/her circumstances that will allow him/her to achieve satisfactory academicprogress. □Yes □ No | The student presented the Academic Agreement signed by his/her academic or professional counselor.□Yes □ No | The student will be able to achieve satisfactory academic progress if he/she complies with the Academic Agreement.□Yes □ No |
| □ Appeal granted □ With financial aid □ Without financial aid | Date: | □ Appeal denied | Date: |
| **SIGNATURES OF COMMITTEE MEMBERS** |
| Dean of Academic Affairs or representative |  |
| Dean of Students or representative |  |
| Director of Financial Aid or representative |  |
| Professional Counselor |  |

□Apprised

|  |  |  |
| --- | --- | --- |
| Signature of the Chief Executive Officer |  | Date |
| **ORIGINAL - REGISTRAR'S** | **COPY - STUDENT** | **COPY - FINANCIAL AID** | **COPY - GUIDANCE AND COUNSELING** | **COPY - DEAN OF ACADEMIC AFFAIRS** |