Satisfactory Academic Progress Appeal

OIT Student #: _____ Student Name: _____

Mailing Address:_____ City: _____ State: _____ Zip:_____

Phone:_____ Term for which you are seeking aid: _____ Academic Year: _____

Please answer the three questions below and complete the academic planner on the back of this form. We encourage you to be thorough in helping us understand why you may not have demonstrated progress in prior terms, and how you will make satisfactory progress in future terms.

If you wish to include additional documentation to support your statement, please do so. Documentation might include a written statement from your academic advisor, a letter from your medical care provider, or similar items. Attach additional pages as needed.

1. Explain specifically and in detail what circumstances prevented you from completing the minimum number of credits with the minimum GPA required of you.

2. Explain specifically and in detail what you have done or what changes have occurred so that the circumstances described in your answer above will not hinder your progress in future terms.

3. Specifically describe your academic plan to demonstrate progress towards your degree.

Student Signature:_____ Date: _____

Financial Aid appeals will* not *be considered after Tuesday, 5:00 p.m. of the second week of the term.

Summer '11: June 28, 2011 • Fall '11: Oct 4, 2011 • Winter '12: Jan 17, 2012 • Spring '12: April 10, 2012

Financial Aid Office Use Only

- ❑ See committee
- ❑ Approved
- ❑ Denied

Comments:

FA Signature:_____ Date: _____

Oregon Institute of Technology

Financial Aid Office
3201 Campus Drive, Klamath Falls, OR 97601
541.885.1280 (Phone) • 541.885.1024 (Fax)
www.oit.edu/faid • dollars@oit.edu

Our office hours are:
8:00 a.m. to 5:00 p.m.
Monday-Friday

Term Planner

OIT Student #: _____

Student Name: _____ Major: _____ Expected Graduation Date: _____

Message to Advisor:
This student is experiencing academic difficulty and has a hold on their financial aid. They need your cooperation in outlining a plan to improve their academic standing. The courses outline below should count toward graduation.

Please send us your evaluation of this student's ability to succeed. We will use this information in making a decision to reinstate or suspend financial aid. Please send these comments with the student's name and ID number to:

Tracey Lehman
Director of Financial Aid
(tracey.lehman@oit.edu).

I have reviewed this term planner with the student

Advisor's Name: _____ Signature: _____ Date: _____

Summer (20_____)		Fall (20_____)		Winter (20_____)		Spring (20_____)	
Course # & Name	*Credits*	*Course # & Name*	*Credits*	*Course # & Name*	*Credits*	*Course # & Name*	*Credits*
Total Term Credits		*Total Term Credits*		*Total Term Credits*		*Total Term Credits*	

Student: Please keep a photocopy of your planner for your personal records.