Clear Form Print Form

CENTRAL MICHIGAN UNIVERSITY

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID
WARRINER HALL 202, MOUNT PLEASANT, MI 48859
PHONE: (989) 774-3674; FAX: (989) 774-3634
FINANCIAL AID PORTAL

2026-2027 SATISFACTORY ACADEMIC PROGRESS APPEAL FOR FINANCIAL AID

Student Name (please print) _____ Phone Number (including area code) _____ Campus ID Number _____

Submission of an appeal does not guarantee approval. Incomplete appeals will automatically be denied. Appeal forms and **ALL** required supporting documents must be submitted before or within the semester you are requesting financial aid reinstatement. Incomplete appeals or appeals submitted after you have ceased attendance will not be approved. You are ineligible for Title IV aid if an appeal is received after a payment period has ended, even if the appeal is later approved.

Are you currently on **Academic** Suspension or Dismissal status? ☐ Yes ☐ No

Check only **ONE** semester for which this appeal applies: ☐ Fall 2026 ☐ Spring 2027 ☐ Summer 2027

Do you also have a CMU scholarship that you wish to have considered for reinstatement with this appeal? ☐ Yes ☐ No

Circumstance(s) for Appeal	Required Documentation
I am now meeting satisfactory academic progress standards after the following: ☐ Change of Grade ☐ Late Grade Submission – Course now has a letter grade ☐ Transfer Credits have been accepted by CMU	☐ A completed copy of the Satisfactory Academic Progress Appeal Form with your written signature. ☐ **ATTACH** a typed personal statement with your written signature that explains: 1. The circumstances that prevented you from maintaining satisfactory academic progress. Please be as specific as possible. 2. What happened and why the event(s) caused you to be unable to maintain satisfactory academic progress. 3. What has changed to now allow you to meet satisfactory academic progress.
☐ Serious Personal Illness or Injury ☐ Serious Illness or injury of a family member ☐ Death of family member ☐ Other mitigating circumstances	☐ A completed copy of the Satisfactory Academic Progress Appeal Form with your written signature. ☐ **ATTACH** a typed personal statement with your written signature that explains: 1. The circumstances that prevented you from maintaining satisfactory academic progress. Please be as specific as possible. 2. What happened and why the event(s) caused you to be unable to maintain satisfactory academic progress. 3. What has changed and what steps you have taken or will take to achieve and maintain satisfactory academic progress. 4. If you have exceeded the attempted number of credits allowed for your degree, list the courses you have remaining and when you plan to take them. ☐ **ATTACH** supporting documentation of your situation. Examples include but are not limited to a signed doctor's statement on professional letterhead, hospitalization paperwork, copy of death certificate or obituary/announcement, accident reports, other professional or third-party signed statements, etc. ☐ **ATTACH** a copy of your graduation audit if you have submitted a graduation application and/or if you have exceeded the attempted number of credits allowed for your degree.

Student: Certification and Signature

SIGNATURE REQUIRED: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that I am responsible for any university bills (including late fees) that may be assessed to my account, regardless if my appeal is approved or not approved. I understand that appeals are usually reviewed within 10-15 business days from the time the completed appeal is received. **Please note: A typed name is not acceptable as a signature.**

Student Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING GLOBAL ID**) _____ Date _____