Quinsigamond Community College – Financial Aid Office
Satisfactory Academic Progress Suspension Appeal Form

Name: __________________________          Student ID: ______________

What were the circumstances that prevented your ability to meet the Satisfactory Academic Progress requirements? Describe all circumstances throughout your academic history. Please be as detailed as possible. Attach documentation, on provider’s stationary, to support your situation, such as medical records, letter from doctor, death certificate or obituary, employment paperwork, etc. Attach additional sheet(s) or continue on back of form if needed.

What plan have you put into place to ensure that you will meet Satisfactory Academic Progress requirements going forward? If possible, attach documentation to support your plan of action. Examples include but are not limited to: alternate work schedules, daycare information, tutoring center documentation, Disability Services documentation, letter from academic advisor, etc. Attach additional sheet(s) or continue on back of form if needed.

If your appeal is approved, you may be required to meet with an academic advisor to develop an Academic Plan. You will receive further instructions if this is needed.

*I certify that the information contained in this appeal is true and complete.*

Signature __________________________          Date __________________________