Schreiner University
Office of Financial Aid
Satisfactory Academic Progress Suspension Appeal Form

Student Name: ___________________________ SSN: ____________

Complete all sections of this form, sign and return this form immediately to the
Office of Financial Aid at Schreiner University.

Reason for Appeal: Mark all that apply and provide documentation to support
your appeal.

___ Serious illness or injury on part of the student

___ Death, accident or serious illness in the immediate family

___ Changed majors

___ Other – written explanation of any other circumstance you feel should be
considered. Provide third part documentation if possible. Use separate sheet if
necessary.

What is your plan to meet Satisfactory Academic Progress?

Student Certification:
I certify that the information I have provided in this appeal is correct.

Student Signature: ___________________________ Date: ____________