Mid-America Christian University Satisfactory Academic Progress Appeal

| NAME | PHONE | Student ID# | DATE |
|--|--|--|---|
| Use this form as a cover pa | ge. | | |
| Attach a typed letter of app | oeal which addresses the follow | ing: | |
| Explain why you did no | t make satisfactory academic p | rogress. | |
| Explain in detail what che satisfactory academic pr | nanges have occurred (or will o | ccur) that you will be | able to make |
| document why it was diffusion to past troubles working with supporting | on you feel is necessary to suppificult to make progress in the particult to make progress in the particular could be a let garage your appeal letter (Doctor, Cocould be something to verify a particular particular could be something to verify a particular particul | oast. Or you might wan ter from someone who unselor, Instructor, A | nt to document a byou have been dvisor, Minister, |
| - | m to the Financial Aid Office. E niversity, 3500 SW 119 th St., Ok | | - |
| | **OFFICE USE ONL | Y** | |
| peal Approved App | peal Approved/Aid Modified | Appeal Denied | |
| mments from the Financial A | id Committee: | | |
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| ficial Signature | | | |