

**Schreiner University**  
**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: \_\_\_\_\_