



# FINANCIAL AID OFFICE

2500 S. Main, Hope, AR 71802 | (870) 722-8264 | Fax: (870) 722-8145 | www.uaht.edu

## Satisfactory Academic Progress Appeal

Student Name: \_\_\_\_\_ UAHT Student ID: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_  
Degree listed on your degree plan from your advisor.

UAHT Email address: \_\_\_\_\_ Effective Term: \_\_\_\_\_  
List the term you need aid for.

Students who have lost their eligibility for financial aid due to lack of satisfactory academic progress may appeal for reinstatement of their eligibility if circumstances beyond their control prevented them from meeting the established standards.

To appeal, submit the requested information below that pertains to your situation. Your responses should be provided on a separate paper and attached to this form with supporting documentation.

1. Provide your own statement describing the reasons and the circumstances that caused you to fail to meet the required standards. It is important that you demonstrate a clear and thorough understanding of why you experienced academic difficulties so that you will be able to take sufficient steps in the future to improve your academic performance and meet the prescribed standards. Be specific in your explanation since incomplete information may cause a delay in the review of your appeal or a denial of your request.
2. Provide a second statement outlining the specific steps you intend to take in the next semester to improve your academic performance. This statement should be thorough and detailed, demonstrating your commitment to achieving the required grade point average and/or percentage of completed credits.
3. Attach documentation that supports your appeal, if applicable. For example, the deficiency was caused by medical problems or personal injury, provide supporting evidence from a physician or hospital. Other forms of documentation might include a letter from a counselor or therapist, copy of obituary or death certificate in the case of the death of a family member, etc.
4. Sign and attach this form to your written statements and documentation and return it to:  
University of Arkansas Community College at Hope-Texarkana  
Attn: Financial Aid Office  
P.O. Box 140  
Hope, AR 71802-0140

**By signing below, I report that to the best of my knowledge, all the information contained in this appeal is complete and correct. Additionally, I give permission to the UAHT Financial Aid Office to provide copies of the submitted information to the UAHT Financial Aid Appeals Committee. I further give the UAHT Financial Aid Office permission to share with the committee information about my possible aid eligibility and previous aid eligibility.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign in ink. Electronic signatures will not be accepted.