



Please complete this form using blue or black ink

Student Name: \_\_\_\_\_  
Last Name First Name/MI Student ID#

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_ City State Zip

Complete items 1 and 2 below. Please complete and submit this appeal form, along with a copy of your Learning Contract, to TBCC's Financial Aid Office. Submission of this appeal does not guarantee reinstatement of your financial aid funds.

1. Explain the reason(s) why you did not meet the federal financial aid standards for Satisfactory Academic Progress. If you had extenuating circumstances, such as injury or illness, the death of a relative or other special circumstances, please attach documentation to support your appeal.

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Explain how your situation has changed and what steps you have taken to ensure that you meet federal financial aid standards for Satisfactory Academic Progress in future terms.

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2. Complete a Learning Contract with a TBCC Career Education Advisor

\_\_\_\_\_ I have established a Learning Contract with an Academic Advisor and have **attached a copy to this form** (check when complete).

**Certification:**

My signature below certifies the information provided on this form is true and correct. I am aware incorrect information may adversely affect my future financial aid funding.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date