



Office of Student Financial Aid and Scholarship Services

MSC 5100
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001
Phone: 575-646-4105
Toll Free: 877-278-8586

Federal Financial Aid
Satisfactory Progress Time Frame Appeal

Form fields for personal information: First, Last, Middle, Banner ID#, Address (local if available), Phone Number, City, State, ZIP Code, NMSU E-Mail Address.

I have read the Satisfactory Academic Progress policy and have attached all necessary documents to this appeal.

Form fields for Date and Signature.

If you feel there were legitimate circumstances that led to your lack of maintaining satisfactory academic progress, you may appeal by returning this form stating the specific reason(s) for your failure to maintain satisfactory academic progress. Include documentation to support your appeal and a specific plan to correct your deficiencies. \*Also include the Request for Degree Check completed by you and the College or Department you are seeking your degree with.

Section A: Describe events or circumstances that directly contributed to your inadequate academic performance. If events occurred, specific dates must be provided. If illness or injury occurred, specify start and ending dates.

Large empty rectangular box for writing the response to Section A.

**Section B:** Describe actions you have taken to prevent a repeat occurrence of the poor performance.

**Section C:** List documents you have attached to support your appeal.

Type in all information, print off form and bring the form to the Financial Aid Office. Normally, a response will be sent to you within two weeks after submission of your appeal via NMSU e-mail. Please make sure the NMSU e-mail address in the previous page is valid and check here.



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## Request for Degree Check

Requested By: NMSU Financial Aid Office \_\_\_\_\_ (FA Advisor)

FA Office phone number \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by Student:

The student must complete the information listed below, the form is then taken to the College or Department to be completed.

Student Name: \_\_\_\_\_

Banner ID No: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Catalog Year: \_\_\_\_\_ Estimated Date of Graduation: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by the College or Department:

The above mentioned student is seeking Federal Financial Aid. In order to complete the student's Financial Aid file the following information will be needed from your department. Please return this form to the student so it may be returned to the Financial Aid Office. Thank you.

Credit Hour Requirements for the Degree: \_\_\_\_\_

Number of credit hours student has earned toward degree: \_\_\_\_\_

Number of credit hours left to fulfill requirement for degree: \_\_\_\_\_

Signature of Academic Advisor / Advising Center / Dean's Office: \_\_\_\_\_

Date: \_\_\_\_\_ Contact phone number: \_\_\_\_\_