



Financial Aid/Scholarships Department
 One University Circle • Turlock, CA 95382
 Telephone (209) 667-3335 * Fax# (209) 664-7064
<http://www.csustan.edu/financialaid>

Name: _____

CSUS, ID# _____

Phone: _____

Date: _____

Mailing Address: _____

Check the box that applies to your situation below:

Satisfactory Progress Petition

Instructions: On a separate sheet of paper, please provide a signed statement, which includes the following:

- Explanation of the circumstances which prevented you from meeting your attempted units
- Address **each** semester in which you fell short of your attempted units
- Your proposed plan to keep yourself from “disqualification status” again
- Attach all applicable documentation in support of your appeal

Attached Documentation (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Counselor Statement | <input type="checkbox"/> Court Documents |
| <input type="checkbox"/> Medical Statement | <input type="checkbox"/> Academic Advisor Statement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Police Report | <input type="checkbox"/> EOP/Recommendation | |

Maximum Unit Limitation

Instructions: On a separate sheet of paper, please provide a signed statement, which includes the following:

- Explanation of the circumstances which prevented you from completing your degree/certificate objective within the required unit caps
- Identify the specific coursework remaining and provide an anticipated program completion date. If you have already applied for graduation, **provide a copy of your graduation evaluation form.**
- **Obtain and attach** a written statement from your major/program advisor, which verifies all of your coursework at CSU, Stanislaus has been required for your program and that it was not possible to complete the program within your current unit total

OFFICE USE ONLY BELOW THIS LINE

Committee Vote:

Decision:

Approved: (check one) **Fall** **Winter** **Spring** **Summer**

Denied: Reason/Comments _____

Pending: Reason/Comments _____

Signature of Financial Aid Advisor _____ Date _____