



Office of Financial Aid
45 Courtenay Drive
MSC 176
Charleston, SC 29425-1760
Tel: 843-792-2536
Fax: 843-792-6356
finaid@musc.edu

Academic Progress Petition

Dear Student:

To be considered for further financial aid, you must complete an Academic Progress Petition. DO NOT submit this petition until Sections I, II, and III are completed, including signatures. Incomplete petitions will be returned by mail, unreviewed. Return completed petitions to the Office of Financial Aid. Complete petitions will usually be evaluated within ten working days. You will be notified of the outcome of your petition by mail. If you need further assistance completing this form, please visit our office (8:30 am - 5:00 pm, Mon - Fri) or call (843) 792-2536.

SECTION I : General Information (to be completed by student)

Name: _____ MUSC Student ID: _____

Local Mailing Address: _____

Email Address: _____ Current Class and College: _____

Expected Graduation: _____ Overall GPA: _____

Reinstatement Type: [] GPA Appeal [] Max Terms

Appeal Status: [] Probation [] Suspension

Term Requesting Override: [] Fall [] Spring [] Summer
year year year

Student's Signature: _____ Date: _____

SECTION II: Statement of Extenuating Circumstances

(Please attach additional page(s) if necessary)

In support of your petition, state unusual or specific extenuating circumstances that warrant a review of your petition to continue receiving federal financial aid. Use additional paper if necessary, and provide any supporting documentation pertinent to your case. Please submit copies of supporting documents; originals will not be returned. Please consult MUSC's Satisfactory Academic Progress policy, at http://academicdepartments.musc.edu/em/financialmanagement/finaid_pdfs/sap_policy.pdf for guidance on satisfactory academic criteria for financial aid purposes.

Blank lines for writing the statement of extenuating circumstances.

SECTION III: Academic Advising
(to be completed by dean's office)

Please provide a statement of support for the student's appeal for financial aid and outline what steps that the student has been advised to take to ensure their academic success for the upcoming term.

Signature _____ Date: _____
(Associate Dean, Dean, Department Head)

SECTION IV: Academic Progress Committee Action
(to be completed by Academic Progress Appeal Committee)

Approved Denied

Notes _____

Approval / Denial Signature: _____ Date: _____