

# SATISFACTORY ACADEMIC PROGRESS PETITION

2006-2007    2007-2008  
(please select application year)

PRINT NAME \_\_\_\_\_ ID NO. \_\_\_\_\_

ADDRESS

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

## Purpose of Petition

You can use this petition to ask that you be allowed to receive aid if you have been suspended from aid eligibility for the school year indicated above due to a low percentage of passing grades and/or low GPA.

## Limitations of Petition

- If this petition is approved, you may not be allowed to petition again for the same reason after the school year indicated.
- If this petition is approved, there may be conditions you must meet to continue receiving aid throughout the year. These conditions may include a requirement to pass a minimum number of credits and/or to earn a minimum GPA for one or more terms. You will receive a letter telling you of the decision made on your petition and detailing any conditions you must meet.

## Directions for Completing this Petition

\_\_\_\_\_ **1.** Indicate the type of problem you had that prevented you from successfully completing your enrolled credits. Include the documentation indicated.

\_\_\_\_\_ **Death in the family State how this person was related to you** (i.e., parent, spouse, sibling, etc.)  
Provide a copy of the obituary, funeral announcement or death certificate.

\_\_\_\_\_ **Disabling illness or injury to the student** Have your licensed health care professional complete the attached Medical Documentation form. **Documentation must be provided from your health care provider.**

\_\_\_\_\_ **Disabling illness or injury of immediate family member that required your care** Your family member's **licensed health care professional must provide documentation** (use the form attached).

\_\_\_\_\_ **Emotional or mental health issue (for student) that required professional care** Have your counselor complete the attached Medical Documentation form. **Documentation must be provided.**

\_\_\_\_\_ **Other unusual circumstances beyond your control** Provide documentation to support your claim. **If your problem was related to work, attach a signed statement from your employer on business letterhead; if childcare problems were a factor, the childcare provider must provide a signed letter.**

\_\_\_\_\_ **2.** Identify the term(s) and school year(s) when this problem prevented you from successfully completing your enrolled credits. **This may cover many terms over more than one school year.**

Term(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

Portland State University  
Office of Student Financial Aid  
PO Box 851  
Portland, OR 97207-0851

503-725-3461  
800-547-8887  
FAX 503-725-5965  
www.pdx.edu/finaid

PRINT NAME \_\_\_\_\_ ID NO. \_\_\_\_\_

I am petitioning to receive aid beginning \_\_\_\_\_ term \_\_\_\_\_ year

\_\_\_\_\_ **3.** Write a concise statement explaining how this problem prevented you from completing classes with passing grades. Use another page if necessary.

\_\_\_\_\_ **4.** Describe what steps you will take to insure that you will successfully complete the courses you plan to take. This may include changing your academic plan, changes in your work schedule, changes in family obligations, treatment for health or mental health problems, or some other action. **Be specific.**

\_\_\_\_\_ **5.** If you are planning to finish work for classes that have X or Incomplete grades, list the class(es) and when you expect to receive the grade. Please include the department code and class number, such as STAT 244. **Write "NONE"** if applicable.

All of the information submitted in this petition is true and complete to the best of my knowledge.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**If any questions are blank or if documentation is missing, the decision on the petition will be delayed until all required items are provided. Submit your completed petition to Financial Aid. All decisions will be mailed to the student.**

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**Medical Documentation**

STUDENT NAME \_\_\_\_\_ ID NO. \_\_\_\_\_  
PRINT Last First

I am petitioning to receive aid beginning \_\_\_\_\_ (month) \_\_\_\_\_ (year).

This **form is required** if you are petitioning for one of the following (check one)

- \_\_\_\_\_ Disabling illness or injury to student
- \_\_\_\_\_ Disabling illness or injury of immediate family member that required student's care
- \_\_\_\_\_ Emotional or mental health issue for student that required professional care

I give permission for my health care provider to provide all information necessary to respond to the questions below.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**To be completed by licensed health care professional**

Please complete all items.

1. Date(s) of condition that prevented student from attending school/completing class work:

From \_\_\_\_\_ to \_\_\_\_\_

2. Brief description of condition and how it prevented student from attending school and/or completing class work. Use the back of this page if needed.

3. In your opinion, is student able to return to school successfully at the time stated above? \_\_\_\_\_ YES  
\_\_\_\_\_ NO \_\_\_\_\_ Unable to determine at this time. Student should return \_\_\_\_\_ (date)  
for a more current assessment.

If yes, indicate level of attendance you recommend: \_\_\_\_\_ full-time \_\_\_\_\_ part-time

4. Name and address of professional \_\_\_\_\_  
**PLEASE PRINT**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE PRINT TITLE DATE

**RETURN COMPLETED FORM TO FINANCIAL AID OFFICE**

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