BON SECOURS
MEMORIAL SCHOOL OF NURSING
Bon Secours Richmond Health System
8550 Magellan Parkway
Suite 1100
Richmond, Virginia 23227
Telephone (804)-627-5300

Satisfactory Academic Progress Appeal Form

Student Name: _____ SSN: _____

Address: _____ Phone: _____

_____

_____

Please summarize the special or unusual circumstances that contributed to your lack of compliance with the Satisfactory Academic Progress Guidelines. Be sure to state your **REASONS** for the appeal, attach **DOCUMENTATION** of your stated reasons for the unsatisfactory progress, and identify the **PLAN OF ACTION** you have taken to ensure your academic success in the future.

Please use the space provided on the bottom and reverse side of this form to write your appeal. You may attach a separate sheet of paper if additional space is needed.

The Financial Aid Review Committee will not review your appeal until all the information requested has been received. You will receive a response after the committee has sufficient time to review and make a decision on your appeal.

SUMMARY OF CIRCUMSTANCES

_____ _____ _____
Student's Signature **SSN#** **Date**

--- OFFICE USE ONLY ---
[ ] Appeal Approved [ ] Appeal Denied
[ ] AY [ ] F Only [ ] SP Only [ ] SU Only
Conditions:
Instructions to the processors:

_____ _____
Counselor's Signature Date

Date/Initial: _____ Response letter sent to student