



MEDICAL UNIVERSITY OF THE AMERICAS

Office of Financial Aid Satisfactory Academic Progress Appeal Form

Student's Name: Michelle Menard

Address: 5372 Starboard Street Apt 302

City: Orlando State: Florida Zip code: 32814

Telephone Number: 407-369-3966

This appeal is for the ☐ September (Fall) Term ☒ January (Spring) Term ☐ May (Summer) Term

Reinstatement Request Type: Please select and complete the option that best describes the mitigating circumstances that has contributed to your academic difficulty and follow the instructions for that category. With this form, attach your letter explaining the situation which impacted your academic endeavors and attach the appropriate documentation.

- ☐ Death of an immediate family member (parent, sibling, child, spouse).
 - ☐ Submit a signed letter explaining in detail your relationship and date of death, what steps you have taken to now support your efforts to achieve SAP, what changes you have will/made to ensure academic success if your appeal is granted.
 - ☐ Attach a photocopy of the appropriate documentation (such as a death certificate).
- ☒ Serious illness or injury to student or immediate family member (parent, grandparent, sibling, child spouse, in-law).
 - ☐ Submit a letter explaining in detail the nature and dates of the illness or injury, how the circumstances have changed to now support your efforts to achieve SAP, and what you will do differently to ensure academic success if your appeal is granted.
 - ☐ Attach a statement from the physician explaining the nature and dates of the illness or injury.
- ☐ Significant trauma in student's life that impaired the student's emotional and/or physical health.
 - ☐ Submit a letter explaining in detail the nature and date of the significant trauma, how your life circumstances have changed to now support your efforts to achieve SAP, and what you will do differently to ensure academic success if your appeal is granted.
 - ☐ Attach supporting documentation from an independent third party (physician, social worker, police, pastor, psychiatrist, etc.)
- ☐ Other unexpected circumstances beyond the student's control.
 - ☐ Submit a letter explaining in detail the nature and dates of the unexpected circumstance(s), how your life circumstances have changed to now support your efforts to achieve SAP, and what you will do differently to ensure academic success if your appeal is granted.
 - ☐ Attach supporting documentation.

By submitting this form to the Office of Financial Aid, I am requesting reinstatement of my financial aid eligibility. I understand that appeal decisions are made on a case by case basis and that my appeal may be denied.

Student's signature: 

Date: January 1st 2019