

## Deadlines for submission

Fall 2011      October 7, 2011      Spring 2012      April 13, 2012  
Winter 2012      January 20, 2012      Summer 2012      July 6, 2012

## 2011-2012 SATISFACTORY ACADEMIC PROGRESS PETITION

9

PRINT Last Name

First Name

PSU ID Number

(\_\_\_\_\_) \_\_\_\_\_  
Phone number

\_\_\_\_\_ @PDX.EDU  
E-mail address - PRINT

▶▶ Messages regarding this petition will be sent to your **PDX.EDU** e-mail address.

I am petitioning to receive aid beginning \_\_\_\_\_ term, taking \_\_\_\_\_ credits  
(number)

**You must be eligible to register for classes in the term for which you are seeking aid.** Students who have a registration hold or who have been academically dismissed are not eligible to register. These issues must be resolved before this petition is submitted.

### **Important Information About the Petition Process**

You can use this petition to ask that you be allowed to receive financial aid if you have been suspended from financial aid eligibility due to a low completion rate, low GPA, if you withdrew from all classes 2 times in the academic year, or if you failed to meet the requirements stated when an earlier petition was approved.

- ▶ If this petition is approved, you may not be allowed to petition again for the same reason.
- ▶ If this petition is approved, you will need to follow the Academic Plan you submit. Failure to follow the Academic Plan will result in Suspended Eligibility status again.
- ▶ **Avoid delays! Answer all questions and provide the required documentation. Submit your completed petition to the Office of Student Financial Aid and Scholarships.**

### **Directions for Completing this Petition**

1. Indicate the unforeseen event(s) that prevented you from successfully completing your enrolled credits. Attach 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*** ▶ Your health care provider must complete the attached Medical Documentation form.

***Disabling illness or injury of immediate family member that required your care*** ▶ Your family member's health care provider must complete the attached Medical Documentation form.

***Emotional or mental health issue (for student) that required professional care*** ▶ Your health care provider must complete the attached Medical Documentation form.

***Other unusual circumstances beyond your control*** ▶ You must provide documentation to support your statement.

- ▶ If your work was a factor, attach a signed and dated statement from your employer, on business letterhead. **The statement must include your expected work hours for the term given above.**
- ▶ **If childcare issues were a factor, the childcare provider must provide a dated and signed letter.**

Portland State University  
Office of Student Financial Aid and Scholarships  
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. \_\_\_\_\_

2. Identify the term(s) and school year(s) when these events occurred, negatively affecting your grades. **This may cover many terms over more than one school year.**

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

3. Log on to your PSU student account. Follow the links for Financial Aid, and then choose Satisfactory Academic Progress for 2011-12. Click the link for the **Academic Plan. Complete and print the 2011-12 Academic Plan.**

- 4. You must **make an appointment with an academic adviser** to complete the rest of the petition.
  - ▶ If you have declared a major, make an appointment with an adviser in your department.
  - ▶ If you are an exploratory student (no major declared), make an appointment to see an adviser in the Undergraduate Advising and Support Center, Smith Memorial Student Union Rm. 425, 503-725-4005

**Take the Academic Plan page AND this petition to the appointment.**

- ▶ Discuss the events that affected your grades. Provide a summary as instructed below.
- ▶ Discuss resources that could help improve your grades. Summarize your specific action plan below.
- ▶ Discuss the **Academic Plan** you prepared. If needed, revise the plan and reprint it. **Attach your finalized 2011-12 Academic Plan to this petition.**

- ▶ List the EVENT(s) that negatively impacted your academic performance during the term(s) stated above.
- ▶ Next to each event, describe your specific PLAN OF ACTION to remedy that situation, so you will successfully complete your classes now.

**You may attach another page to provide this information. Be sure to use this format.**

EVENT THAT AFFECTED GRADES	SPECIFIC PLAN OF ACTION

5. Do you have an **Incomplete** grade for any class taken in the last 12 months? YES NO  
(do not include X, W, NP or F grades)

Are you working with the instructor to finish the work so a passing grade can be posted? YES NO

If you said YES to both questions, list the class(es) and the date(s) when you expect a grade to be posted.

▶▶ **You will be expected to complete the work and have a grade posted by the date you list.**

<i>EXAMPLE</i>	<u>Dept &amp; number</u> <i>SPAN 203</i>	<u>Course Title</u> <i>2<sup>nd</sup> year Spanish</i>	<u>Credits</u> <i>4</i>	<u>Grade by</u> <i>May 2012</i>
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▶▶ **All decisions will be posted to your PSU Financial Aid Account. We will send an e-mail to your PDX.EDU e-mail address to let you know when information regarding your petition is posted.**

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

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

Academic Adviser \_\_\_\_\_ Dept. \_\_\_\_\_

Please print

Academic Adviser's Signature \_\_\_\_\_

Adviser's phone ext. 5- \_\_\_\_\_ Date: \_\_\_\_\_

## 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 because of one of the following events (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 after \_\_\_\_\_ for a more current assessment. (date)

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 OFFICE OF STUDENT FINANCIAL AID

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