



Pittsburgh Theological Seminary
Financial Aid Office
616 North Highland Avenue
Pittsburgh, PA 15206
Ph: 412-924-1384
Fax: 412-924-1784

Financial Aid Academic Progress Appeal

Dear Student: To be considered for further financial aid, you **MUST** complete a Financial Aid Academic Progress Appeal. **DO NOT** submit this petition until Sections I, II, and III are completed. **INCOMPLETE** petitions will not be processed. Return completed petitions to the Financial Aid Office. Complete petitions will usually be evaluated within ten (10) business days. You will be notified of the outcome of your petition by email. Petitions must be received before the end of the add/drop period for it to be considered for the current term. Petitions received after the add/drop period will not be considered. Should you decide to register prior to receiving your appeal decision, it is your responsibility to make payment arrangements to secure your courses.

Section I: General Information (to be completed by the student)

Student Name: _____ **Student ID Number:** _____
Current Address: _____ **Birth Date:** _____
Phone Number: _____ **Email:** _____
Degree Program: _____ **Cumulative GPA:** _____

Section II: Statement of Appeal (to be completed by the student)

I am appealing the following financial aid academic progress requirements (check all that apply)

- _____ **Successful completion of required number of credits**
_____ **GPA less than 2.0**
_____ **Financial Aid Maximum timeframe**

In support of your petition, state unusual or specific extenuating circumstances that warrant a review of your petition to continue receiving 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 PTS's Satisfactory Academic Progress policy at www.pts.edu for guidance on academic criteria.



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Sections III: Student Academic Progress (to be completed by the student)

Remaining credit hours needed to complete degree requirements: _____

Proposed schedule of classes for the next semesters.

Fall Semester

Spring Semester

Student Signature: _____ **Date** _____

Print Name: _____

Section IV: Academic Progress Committee Action (to be completed by Financial Aid Representative)

Approved: _____ **Denied:** _____ **Incomplete:** _____

Notes:

