

**Return to:**

Financial Aid and  
Scholarship Office  
San José State University  
One Washington Square  
San Jose, CA 95192-0036  
Telephone: (408) 283-7500

<b>Name of Financial Aid Applicant (Please Print Clearly)</b>		
Last	First	Middle
San Jose State ID: _____		

For Office Use Only:

**ACADEMIC PROGRESS PETITION FORM – D HOLD**

**STEP I: Please read and follow the instructions listed below**

The Financial Aid and Scholarship Office is required to monitor Academic Progress for all students who apply for aid per Federal and State Regulations. According to our records, your overall Academic Progress Status is **D**. This means a hold has been placed on your aid because you have been academically disqualified from the university. You may appeal this hold by following all of the instructions in Step II of this document. **Petitions are evaluated by the date order received, and should be submitted immediately.** You will be notified within 21 business days once your appeal has been reviewed. Check my.sjsu.edu for messages and/or "To Do" items pertaining to the outcome of this petition.

**If you have not been reinstated** to the university or you are not returning to SJSU for the academic year, please sign below and return this form. (No further action is required) Once you have been officially reinstated to San José State University you will be required to submit a new petition to receive aid.

Sign here: \_\_\_\_\_ Date \_\_\_\_\_

**Step II: Submitting your Petition for Committee Review – only if you have been reinstated**

- **Personal Statement – Required on all petitions.** Attach an official letter of reinstatement and written explanation of the circumstances that led to the disqualification and the steps that you will take to prevent any future disqualification issues. You must also provide verification that academic advisement has been completed.
  - Supporting documentation must be attached to all personal statements:
    - For medical reasons, an official letter from the physician/healthcare provider for personal or family member illness.
    - Deceased immediate family member – documentation must be submitted.
- **Academic Probation** – Students with a GPA of 2.0 or below must provide proof that Academic Advising has been received.

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ Department Stamp: \_\_\_\_\_

I fully understand that I am responsible for paying any fees owed to the university by the established deadline, regardless of the outcome of this petition.

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

Contact information: \_\_\_\_\_  
Email Daytime phone number

For office use only:

Committee Review: _____	Date: _____
<input type="checkbox"/> Approved/Assign Communication Letter Code: _____	<input type="checkbox"/> Refer to Coder to complete documents/Coder's initials _____
<input type="checkbox"/> Denied/Assign Checklist Code: _____	<input type="checkbox"/> Refer to Coder to complete documents/Coder's initials _____