



Student Financial Services
1500 College Parkway – Elko, NV 89801
Phone: 775-327-2095
Fax: 775-327-5105
financial-aid@gbcnv.edu

Satisfactory Academic Progress Appeal 2025-26

Student Name: _____
PLEASE PRINT

GBC ID Number: _____ Email Address: _____

Submit the following with your appeal form:

- Complete all items on page 1.
- Set up an appointment with your academic advisor(s). Advisor must complete all items on page 2.
- Submit unofficial academic transcript(s). GBC Download from MyGBC Student Self-Service Center portal
- Submit a “What If” Report. Download from MyGBC Student Self-Service Center portal or have advisor print one.
- Attach appropriate documentation and return to Student Financial Services.
- Appeal by these deadlines (*appeals received after these deadlines will not be considered until the following term*):

OCTOBER 1

MARCH 1

JULY 1

I am filing an appeal of (check all that apply):

- ☐ 1. **GPA** - If this appeal is based upon your cumulative grade point average, you must address the issue of completing courses with a GPA below 2.0.
- ☐ 2. **Pace** - If this appeal is because your ratio of credits attempted to credits passed is less than the 67% required, or your term completion is less than 100%, you must address enrolling in courses and earning W, F, or I grades which have negatively affected your completion ratio.
- ☐ 3. **Time Frame** – If this appeal is based on exceeding the total number of credits required to complete your degree or certificate, you must provide a plan for completing your degree or certificate. Please indicate if you have recently changed your academic plan.

I was unable to maintain Satisfactory Academic Progress during the previous academic period because (please check one):

- ☐ 1. **I experienced a death or major illness within my immediate family.**
- ☐ 2. **I experienced a personal illness or injury.**
- ☐ 3. **Other special circumstance**
- ☐ 4. **Withdrawal from all classes in a term**

Please **attach a detailed statement explaining the specific circumstances** that prevented you from making Satisfactory Academic Progress. **Attach as many additional pages** as needed to fully explain your individual circumstance(s). Personal statements that do not provide sufficient information may cause your appeal to be denied. Also attach documentation of your situation.

Please explain **what has changed** and/or how you will address the circumstance(s) described above so that you can successfully complete your academic program. Attach any additional documentation, as needed.

STUDENT CERTIFICATION:

I understand that if my appeal is approved, I will be placed on Financial Aid Probation. If I am required to complete an Academic Plan, I must follow the plan or I will be placed on suspension. I understand the decision of the GBC Financial Aid Appeals Committee is final. If my appeal is denied I am responsible for the payment of tuition, housing, or institutional charges due to GBC.

STUDENT SIGNATURE: _____

DATE: _____

You must meet with your academic advisor(s). He or she must complete the information below and sign the form before your appeal can be considered.

ADVISOR(S):

Please complete every section below.

1. Student's completed number of academic credits applicable toward program: _____
2. Number of credits still needed to complete degree or certificate: _____
3. Student's cumulative GBC grade point average (GPA): _____
4. Number of terms remaining to complete degree or certificate: _____
5. Please describe **the academic plan**, including a list of courses still required to complete the program. **Or** attach a copy of the student's WHIF highlighting courses still required to complete the program.

ADVISOR SIGNATURE / ADVISING UNIT

ADVISOR'S NAME – PLEASE PRINT _____

DATE _____

PHONE NUMBER