



Office of Financial Aid
University Park, IL 60484
708.534.4480
Fax: 708.534.1172
www.govst.edu/finaid

SATISFACTORY ACADEMIC PROGRESS CONTINUED PROBATION AGREEMENT

GSU ID# _____

NAME _____

SEMESTER _____

I understand that my financial aid is processed on a probationary basis. My classes will be validated under the assumption that I will meet the conditions of The Satisfactory Academic Progress Policy. I further understand that if I do not meet these conditions, I am responsible for my tuition and fee charges.

To validate your registration, this form must be submitted to the Office of Financial Aid.

Student
Signature _____ Date _____