

**SATISFACTORY ACADEMIC PROGRESS  
FINANCIAL AID APPEAL FORM**

Student's Name (printed) \_\_\_\_\_  
Student's ID Number A \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_ Want aid reinstated for enrollment period \_\_\_\_\_

**Purpose:** Students who do not meet Satisfactory Academic Progress standards are ineligible to receive financial aid. **To appeal for continued financial aid eligibility, you must submit this form, to the Financial Aid Office, along with required documentation detailing extenuating circumstances that contributed to your inability to meet the academic progress standards.**

Submitting an appeal does not guarantee approval. Along with considering your circumstance, approval will also be based on whether or not it is reasonable to expect that enough progress can be made during a prescribed probationary period to meet the progress standards.

**Check the applicable circumstance that contributed to your inability to meet the progress standards. Next to each circumstance is the required documentation to attach to this appeal form.**

\_\_\_\_\_ **Illness/medical issue of student or immediate family member:** Provide a letter explaining the circumstances along with documentation which substantiates the illness/medical issue, i.e. medical documentation, letter from physician, etc. and also the current status of this medical issue.

\_\_\_\_\_ **Death of immediate family member:** Provide documentation such as an obituary notice. Please also provide name of family member and relationship to you.

\_\_\_\_\_ **Extreme family hardship:** Provide a letter explaining your hardship with the current status and any supporting documentation.

\_\_\_\_\_ **Severe financial hardship:** Provide a letter explaining your hardship with the current status and any supporting documentation.

\_\_\_\_\_ **None of the above:** Provide a letter that includes information about the exact nature and timing of your circumstance and when it occurred. Also include an explanation of how you have been able to overcome this circumstance and be able to achieve progress standards in future terms.

***Please read and sign the following statement:***

I certify that the information provided on this form and all accompanying documentation is accurate and complete. I understand that falsifying information will result in automatic denial. I understand that if my appeal is granted, I will be put on an academic plan that could span multiple terms. I understand that I must adhere to the requirements of the academic plan to maintain financial aid eligibility.

**Student's Signature** \_\_\_\_\_

*The University of Indianapolis is committed to supporting our students and upholding gender equity laws as outlined by Title IX. Therefore, if a student discloses any information regarding an issue of sexual misconduct in their appeal, as UIndy employees, it is our obligation to inform the University Title IX Coordinator. The Title IX Coordinator will assist the student in connecting with all possible resources both on and off campus.*