



# NATIONAL AMERICAN UNIVERSITY

## Satisfactory Academic Progress Appeal of Academic Suspension

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Campus: \_\_\_\_\_ Program/Degree: \_\_\_\_\_

A student who wishes to appeal an academic suspension must submit this form and supporting documents to the Campus Academic Dean or other designated person for consideration by the SAP Committee.

1. Indicate the academic term for which you request reinstatement of eligibility for federal financial aid:

☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: \_\_\_\_\_

2. Attach a typed explanation of the reasons why your eligibility for federal financial aid should be restored. You must include the following:

- A detailed explanation of the extenuating circumstances that contributed to your failure to make satisfactory academic progress
- How the situation has been resolved and will no longer affect your academic performance
- Your academic goals and strategy for success

3. Attach all documents that support your appeal, if applicable. Examples of supporting documents include:

- Obituary notice or death certificate (immediate relative)
- Signed doctor's note on letterhead (self or immediate relative)
- Divorce papers
- Repair bill, purchase receipt (computer or vehicle issues)
- Signed statement of work schedule or childcare changes

I certify that the foregoing information is accurate and complete. I acknowledge that the appeal form and any accompanying documentation will be considered by a committee and will become part of my education record. I understand that if the appeal is approved I may be required to comply with an academic plan and that my failure to do so may result in the loss of federal financial aid eligibility.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Satisfactory Academic Progress Committee Use Only

☐ Appeal approved with Academic Plan

☐ Appeal approved for one term

☐ Appeal denied – Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
SAP Committee Member

\_\_\_\_\_  
SAP Committee Member

\_\_\_\_\_  
SAP Committee Member

Date of approval/denial: \_\_\_\_\_