



Stony Brook University

Office of Financial Aid and Scholarship Services

Graduate Federal Satisfactory Academic Progress Appeal Form

Name: _____ SBU ID # _____

Address _____
(Street) (City) (State) (Zip)

Email: _____ Phone: _____

Graduate Program: _____

Step 1 - Print an unofficial Stony Brook University academic **transcript** from your SOLAR account.

Step 2 – Complete the **Maximum Time Frame Worksheet** and include in the submission of your appeal packet.

Step 3 - Create and submit an **appeal letter**. The letter must:

- ✓ Establish that the reason for your failure meet the FedSAP requirement was a result of external circumstances beyond your control. Example: Explain why you have been in graduate school longer than 5 years (Master's) or 7 years (PhD) and still have not graduated.
- ✓ If your external circumstances warrant supporting documentation (for example, there was a medical condition associated with these circumstances, a death in the family, or other scenarios that could be supported by a third party) please include third party supporting documentation.
- ✓ Explain why those circumstances either no longer exist or why they will no longer negatively impact your ability to graduate.
- ✓ Detail the steps that you will be taking to insure your academic success.

The Office of Financial Aid and Scholarship Services

180 Administration Bldg., Stony Brook, NY 11794-0851

Fax: (631) 632-9525



Stony Brook University

Maximum Time Frame Worksheet

First Name

Last Name

Stony Brook ID #

1. Print an unofficial transcript from your SOLAR account and attach to this form.
2. Take this form to your graduate department and have the appropriate academic advisor complete **section A** below.

By signing this document I certify that all of the information included in and attached to this document is true and accurate.

Student Signature:

Date:

Section A - Graduate Department Staff Member: Please review the student's academic record. In the columns below please indicate the remaining courses needed to complete requirements for graduation. For PhD candidates, please indicate the number of terms needed for program completion. *Attach a separate sheet or departmental checklist form if additional space is needed.*

Courses and/or Terms Remaining for Program Completion (including in progress)	Credit Value

Courses and/or Terms Remaining for Program Completion (including in progress)	Credit Value

Total # of credits required to complete program:

Total # of terms required to complete program:

Department: _____ Advisor Name: _____ Phone: _____

Advisor Signature: _____ Title: _____

Return the completed packet to the Office of Financial Aid and Scholarship Services. Incomplete applications will not be reviewed.

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